



Common Sense Initiative

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Business Impact Analysis

Agency, Board, or Commission Name: Ohio Department of Medicaid

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Regulation/Package Title (a general description of the rules' substantive content):
Medicaid School Program

Rule Number(s): 5160-35-02 (amend), 5160-35-05 (amend), 5160-35-06 (amend)
Included for informational purposes only: 5160-35-01 and 5160-35-07.

Date of Submission for CSI Review: May 13, 2025

Public Comment Period End Date: May 20, 2025

Rule Type/Number of Rules:

New/___ rules

No Change/___ rules (FYR? ___)

Amended/___3___ rules (FYR? ___)

Rescinded/___ rules (FYR? ___)

The Common Sense Initiative is established in R.C. 107.61 to eliminate excessive and duplicative rules and regulations that stand in the way of job creation. Under the Common Sense Initiative, agencies must balance the critical objectives of regulations that have an adverse impact on business with the costs of compliance by the regulated parties. Agencies should promote transparency, responsiveness, predictability, and flexibility while developing regulations that are fair and easy to follow. Agencies should prioritize compliance over punishment, and to that end, should utilize plain language in the development of regulations.

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Reason for Submission

1. R.C. 106.03 and 106.031 require agencies, when reviewing a rule, to determine whether the rule has an adverse impact on businesses as defined by R.C. 107.52. If the agency determines that it does, it must complete a business impact analysis and submit the rule for CSI review.

Which adverse impact(s) to businesses has the agency determined the rule(s) create?
None

The rule(s):

- a. ☒ Requires a license, permit, or any other prior authorization to engage in or operate a line of business.
- b. ☐ Imposes a criminal penalty, a civil penalty, or another sanction, or creates a cause of action for failure to comply with its terms.
- c. ☒ Requires specific expenditures or the report of information as a condition of compliance.
- d. ☐ Is likely to directly reduce the revenue or increase the expenses of the lines of business to which it will apply or applies.

Regulatory Intent

2. Please briefly describe the draft regulation in plain language. *Please include the key provisions of the regulation as well as any proposed amendments.*

Ohio Administrative Code Chapter 5160-35 outlines the requirements for school districts and community schools to participate in the Ohio Medicaid School Program (MSP). MSP is optional and school districts and community schools may choose to participate. The Ohio Medicaid School Program provides reimbursement school-based health services to students who are enrolled in Medicaid and also have disabilities that impact their academic attainment and regular school attendance. The rule will be amended to include reimbursement for select preventative services for students enrolled in Medicaid in a school setting. Services provided under MSP are intended to remove physical and behavioral health-related barriers to a student's academic achievement and regular school attendance. The rule package outlines the key requirements and processes school districts and community schools must follow to become an MSP provider and to receive Medicaid reimbursement for providing allowable services (detailed in 5160-35-05 and 5160-35-06) to eligible children (detailed in 5160-35-05). The are identified adverse impacts identified in rules 5160-35-02, 5160-35-05, and 5160-35-06.

- 5160-36-02 provides information about which types of providers school districts and community schools can employ or contract with to provide MSP services to eligible children. This rule will be amended to allow for additional practitioners that school districts and community schools can employ or contract with to provide MSP services to eligible students.
- 5160-35-05 details the direct services school districts and community schools can provide to eligible students to receive Medicaid reimbursement. Additionally, this rule details the documentation of medical need necessary for school districts and community schools to provide in order to receive Medicaid reimbursement for services provided to eligible children. This rule will be amended to include 504 plans and a universal form (also called a school services plan of care) as acceptable documentation of need for eligible students. This rule will also be amended to include additions to the nursing services and behavioral health services school districts and community schools can provide to eligible students to receive Medicaid reimbursement.
- 5160-35-06 outlines the parameters of transportation, targeted case management and medical equipment by which school districts and community schools must follow to receive Medicaid reimbursement for the above-mentioned services to eligible students. This rule will be amended to remove Targeted Case Management (TCM). The rule is also being amended to include additional forms of documentation (504 plans and the school services plan of care detailed in 5160-35-05) allowable for Medicaid reimbursement for eligible students.

The Ohio Department of Medicaid, in partnership with the Ohio Department of Education and Workforce, is updating the Medicaid School Program rule package to provide services to a more diverse population of students with disabilities a broader benefits package. The to be proposed changes are in alignment with extensive stakeholder feedback. Stakeholders requested additional forms of documentation, to include 504 plans, and a universal form (called school services plan of care). Stakeholders provided feedback on updating the MSP services to include additional school nursing services and behavioral health services.

The updated benefits package includes additional acceptable documentation of medical need, including an Individualized Education Plan (IEP), 504 plan, and a universal form referred to as a school services plan of care. The to be proposed amendments also include additional nursing and behavioral health services and a select preventative services for students enrolled in Medicaid without a plan of care.

3. **Please list the Ohio statute(s) that authorize the agency, board or commission to adopt the rule(s) and the statute(s) that amplify that authority.**

ODM is promulgating these rules under section 119.03 of the Revised Code.
The following statutes amplify that authority: [5162.03](#), [5164.02](#), [5164.70](#), [5162.02](#), [5162.364](#), [5162.366](#), [5162.20](#)

4. **Does the regulation implement a federal requirement? Is the proposed regulation being adopted or amended to enable the state to obtain or maintain approval to administer and enforce a federal law or to participate in a federal program?**

If yes, please briefly explain the source and substance of the federal requirement.

These regulations do not implement a federal requirement. School-based services are an allowable flexibility by the federal government, but not a requirement.

5. **If the regulation implements a federal requirement, but includes provisions not specifically required by the federal government, please explain the rationale for exceeding the federal requirement.**

The regulations to be proposed do not implement a federal requirement, they implement a federal option and is a part of Ohio's State Plan Amendment (SPA) that is approved by the Centers for Medicare and Medicaid. Ohio chooses to provide reimbursement for school-based services for eligible children with behavioral and physical health needs that impede their ability to engage in academic content and attend school regularly. ODM, in partnership with the Ohio Department of Education and Workforce (DEW), believes that by providing school-based physical and behavioral health services to eligible children enrolled in Medicaid, we will see academic and health indicators in the state improve. All 50 states provide school-based services to eligible children enrolled in Medicaid who also have an IEP. Further, Ohio will join 26 other states that provide Medicaid reimbursement for services beyond what is provided to students on an IEP. The MSP is an optional program that school districts and community schools may choose to participate in.

6. **What is the public purpose for this regulation (i.e., why does the Agency feel that there needs to be any regulation in this area at all)?**

The promulgation of these regulations, related to the MSP program, is to set parameters for school districts and community schools to implement the Medicaid School Program. The regulations are important because they help school districts and community schools clearly understand what services can be billed to Medicaid and for which eligible children. ODM believes codifying these rules is necessary for the school districts and community schools to effectively implement the program with the needed enforceability to ensure compliance with the regulations for the MSP program.

7. **How will the Agency measure the success of this regulation in terms of outputs and/or outcomes?**

The agency will measure success of these regulations by routinely analyzing data submitted through Medicaid claims and costs reports to understand if program utilization has increased, if more eligible children are receiving services, and which services are the most utilized. The Ohio Department of Medicaid has created a data dashboard to monitor program utilization and to provide targeted technical assistance, as needed.

8. Are any of the proposed rules contained in this rule package being submitted pursuant to R.C. 101.352, 101.353, 106.032, 121.93, or 121.931?

If yes, please specify the rule number(s), the specific R.C. section requiring this submission, and a detailed explanation.

Not applicable

Development of the Regulation

9. Please list the stakeholders included by the Agency in the development or initial review of the draft regulation.

If applicable, please include the date and medium by which the stakeholders were initially contacted.

The Ohio Department of Medicaid met with stakeholder groups as follows:

The Ohio Department of Medicaid met with the Ohio Department of Education and Workforce (DEW) on June 5, 2024, and July 8, 2024, the Ohio Department of Health (ODH) on June 21, 2024, and the Ohio Department of Mental Health and Addiction Services (MHAS) on June 21, 2024. ODM shared a framework for MSP updates, so the sister agencies are aware of upcoming changes and stakeholder meetings. The sister agencies shared their perspectives on updates to care plans and services. The meetings discussed implementation processes and structures necessary to roll out the changes. Lastly, each agency shared their priorities so MSP updates could align, rather than duplicate existing work.

ODM met with nine representatives from all six Medicaid third-party billing agencies on June 27, 2024. The participants provided input and feedback related to care plans/documentation, physical health services, behavioral health services, a hybrid approach to inform the updates to MSP.

ODM met with two representatives from the Ohio School Board Association on July 1, 2024. They engaged in a discussion about MSP updates to understand the changes from a school district perspective. The group talked through questions about additional care plans/documentation, additional physical health services and behavioral health services and a hybrid option.

ODM met with the Ohio Association of School Nurses on July 1, 2024, and engaged in a discussion about additional care plans/documentation, additional nursing and behavioral health services and a hybrid option for MSP updates. The discussion focused on practical services and implications of MSP updates from a school nurse's perspective.

ODM met with the Ohio Council of Behavioral Health and Family Services Providers and the Ohio Children's Alliance on July 8, 2024, about the behavioral health services available to children in schools.

The Ohio Department of Medicaid hosted a statewide webinar for interested stakeholders on July 10, 2024. ODM sent the notice of stakeholder opportunity to 309 stakeholders on June 18, 2024, through the MSP Gov Delivery list. ODM partnered with the Ohio Department of Education and Workforce to

include information in the [June 24, 2024 edition of EdConnection](#). ODM partnered with the Ohio Department of Health to distribute to ODH listservs.

The webinar had 265 participants and received 225 substantive comments in the chat function. The list below represents the stakeholder groups present on the webinar on July 10.

- MSP billing agents (six entities)
- The Ohio Association for School Nurses
- OT/PT Board
- Ohio Health Policy Institute
- Ohio Center for Autism and Low Incidence (OCALI)
- SLT Board
- Ohio School Social Work Association
- Ohio School Psychologist Association
- Ohio School Based Health Alliance
- Ohio Chapter – American Academy of Pediatrics
- Mental Health Licensing Boards
- Medicaid School Program Steering Committee
- Ohio School Boards Association
- Disability Rights Ohio
- Ohio Children’s Alliance
- Ohio Association of Pupil Service Directors
- The Ohio Council

ODM sent a survey to 411 stakeholders through the MSP Gov Delivery listserv. The survey was available to stakeholders from August 9, 2024, to August 23, 2024. ODM sent a reminder to stakeholders on August 16, 2024, and the survey reached 435 stakeholders. The survey asked questions about proposed changes to OAC Chapter 5160-35, specifically about additional acceptable forms of documentation, services school districts and community schools are already providing, and services that stakeholders recommended for the MSP. One hundred and sixty-six stakeholders provided feedback to ODM about the MSP through this survey opportunity.

On October 29, 2024, ODM hosted a stakeholder webinar. The webinar invitation was sent via the MSP GovDelivery to 526 people on October 9, 2024. The webinar content included a summary of stakeholder feedback from the targeted meetings, the first webinar and the survey. The webinar shared with stakeholders the proposed plan for updating the MSP based on the stakeholder feedback previously provided. The webinar offered a chance for stakeholders to provide further feedback, ask questions, and seek clarification. Two hundred seventy-five stakeholders attended the webinar.

10. What input was provided by the stakeholders, and how did that input affect the draft regulation being proposed by the Agency?

Stakeholders provided input regarding the types of services that should be added to the MSP, specifically additional nursing services and behavioral health services. Stakeholders provided input on expanding medical documentation beyond the IEP and suggested adding 504 plans and a universal form option. Stakeholders inquired about guidance allowing states to reimburse for all Medicaid services provided to a student enrolled in Medicaid in a school setting. Lastly, stakeholders cautioned against adding more to school district and community school's plates and suggested adding services that align with the work that school practitioners, such as school nurses, are already doing.

Stakeholder feedback directly informed the planned proposed updates to OAC Chapter 5160-35. Importantly, ODM engaged with school nurses, school districts, and community schools to learn what schools are already spending time and money on that are not part of MSP. ODM updated the to be proposed nursing services to include current priorities of school nurses so as not to duplicate work or to increase the burden on practitioners, school districts, and community schools. In addition to expanded nursing services, stakeholders provided input that additional behavioral health services would be an important addition to MSP. ODM worked with community behavioral health providers to align the MSP behavioral health services and practitioners with the services and practitioners included in community behavioral health settings. Further, ODM included 504 plans and a universal form option (referred to as the school services plan of care) in the planned rule updates as requested by stakeholders. Lastly, while stakeholders asked for all Medicaid services provided to children enrolled in Medicaid to be reimbursed, ODM did not include this in the rule because it would have created duplication of services and would have added administrative burdens to school districts and community schools. To address this feedback, the to be proposed rule package includes an option for school districts and community schools to receive Medicaid reimbursement for providing some preventative physical and behavioral health services to all eligible children who are Medicaid eligible in a school setting.

11. What scientific data was used to develop the rule or the measurable outcomes of the rule? How does this data support the regulation being proposed?

Scientific data was not used to develop this rule or the measurable outcomes of the rule.

- 12. What alternative regulations (or specific provisions within the regulation) did the Agency consider, and why did it determine that these alternatives were not appropriate? If none, why didn't the Agency consider regulatory alternatives?** *Alternative regulations may include performance-based regulations, which define the required outcome, but do not dictate the process the regulated stakeholders must use to comply.*

ODM did not consider regulatory alternatives as these rules need to be codified so that school districts and community schools know how to implement the Medicaid School Program based on the codified rule and ODM can enforce the program guidelines. The MSP rules have been in effect since November 26, 2008, and serve the purpose intended to maintain the requirements of the Medicaid School Program while protecting program integrity and freedom from harm. The rules continue to be applicable to the Medicaid School Program and are necessary to clearly delineate responsibilities, maintain program integrity, and to remain in alignment with updated guidance from the Centers for Medicare and Medicaid (CMS) expectations. The Medicaid School Program is optional for school district and community schools to participate in.

- 13. What measures did the Agency take to ensure that this regulation does not duplicate an existing Ohio regulation?**

In the development of these regulations, ODM conducted an internal review, and worked with other state agencies and related entities to ensure that these rules do not duplicate existing Ohio regulations or programs. As the designated state Medicaid agency, ODM is the only entity that can request federal financial participation from the Centers for Medicare and Medicaid (CMS) to support the MSP program. Incorporation of by reference was used to refer to related regulations already in effect without duplicating them in the MSP rules.

- 14. Please describe the Agency's plan for implementation of the regulation, including any measures to ensure that the regulation is applied consistently and predictably for the regulated community.**

For implementation of this regulation, ODM regularly meets with the Ohio Department of Education and Workforce to host trainings and engagement opportunities for school districts and community schools participating in the program. ODM regularly hosts webinars and meetings to provide information about the program to impacted stakeholders, such as therapists and nurses, and their respective associations. ODM routinely meets with stakeholders, including associations, billing agents, school districts, and community schools to understand how ODM can provide support and technical assistance.

Interested parties who participate in the program and those interested in participating in MSP can find helpful resources on ODM's Medicaid School Program webpage:

<https://medicaid.ohio.gov/families-and-individuals/citizen-programs-and-initiatives/msp>

Additionally, ODM utilizes a GovDelivery list of 300 stakeholders who have signed up to receive information on the Medicaid School Program from ODM. Stakeholders can sign up for the GovDelivery list here: <https://medicaid.ohio.gov/home/govdelivery-subscribe>

Adverse Impact to Business

15. Provide a summary of the estimated cost of compliance with the rule(s). Specifically, please do the following:

a. Identify the scope of the impacted business community, and

The MSP program is optional to participate in therefore the impacted business community will be limited to school districts and community schools that choose to participate as an MSP provider.

- The MSP requires a license, permit, or any other prior authorization to engage in or operate a line of business:
 - o Be based on an assessment of need conducted by an authorized school district representative.
 - 5160-35-05 (J)(1)
 - 5160-35-06 (E)(1)
- The MSP requires specific expenditures or the report of information as a condition of compliance:
 - o MSP provider will ensure all employees and contractors who have in-person or virtual contact with consumers for the provision of face-to-face or telehealth services undergo and successfully complete criminal records checks.
 - 5160-35-02 (C)
 - o Participating school districts must participate in the Random Moment Time Study (RMTS)
 - 5160-35-02 (F)(1)
 - o Participating school districts must submit data collected in the federal child count of special education students
 - 5160-35-02 (F) (2)
 - o Participating school districts must complete the cost report annually as outlined in Ohio Administrative Code
 - 5160-35-02 (F)(3)
 - o Be signed by the qualified practitioner who recommends the service as a result of the assessment/evaluation.
 - 5160-35-05 (I)(2)
 - 5160-35-05 (J)(2)
 - o Participating districts must contract with an independent certified public accountant or firm to perform an audit of the cost report.
 - 5160-35-02 (F)(4)

b. Quantify and identify the nature of all adverse impact (e.g., fees, fines, employer time for compliance, etc.).

The adverse impact can be quantified in terms of dollars, hours to comply, or other factors; and may be estimated for the entire regulated population or for a representative business. Please include the source for your information/estimated impact.

The to-be proposed changes to OAC Chapter 5160-35 would cause additional administrative burden in the form of submission of documentation, hiring or contracting additional staff, and may include additional funding to pay for the required certified public accountant the school district or community school uses. These challenges may be offset by the additional Medicaid dollars the school would receive for providing more MSP services to more eligible students.

- The MSP requires a license, permit, or any other prior authorization to engage in or operate a line of business:
 - **Adverse Impact:** Be based on an assessment of need conducted by an authorized school district provider or community provider.
 - **Cost:** The cost of this adverse impact can be quantified by staff time to administer the assessment. Staff time will be required to meet with the student, complete the assessment, and document the results. This may include time to scan into an electronic filing system or organizing into a secure location in the school building.
 - **OAC citations:**
 - 5160-35-05 (J)(1)
 - 5160-35-06 (E)(1)
- The MSP requires specific expenditures or the report of information as a condition of compliance:
 - **Adverse Impact:** MSP provider will ensure all employees and contractors who have in-person or virtual contact with consumers for the provision of face-to-face or telehealth services undergo and successfully complete criminal records checks.
 - **Cost:** The cost associated with ensuring all employees and contractors delivering services as part of the MSP is quantified by the staff time necessary to coordinate and ensure all background checks are completed and up-to-date.
 - **OAC Citation:** 5160-35-02 (C)
 - **Adverse Impact:** Participating school districts and community schools must participate in the Random Moment Time Study (RMTS) per federal requirements.
 - **Cost:** The cost associated with participation in the Random Moment Time Study is quantified by staff time. Physical or mental health therapists who provide services that the district is seeking Medicaid reimbursement for may be randomly surveyed 0-5 times a quarter. The survey has 6 questions that the selected therapist must respond to electronically within 5 business days.
 - **OAC citation:**
 - 5160-35-02 (F)(1)
 - **Adverse Impact:** Participating school districts must submit data collected in the federal child count of special education students
 - **Cost:** The cost associated with submitted data collected as part of the federal child count includes the staff time and coordination to populate a template provided by ODM with the data. School districts and community schools are already required to collect this data per Revise Code 331.011; therefore, submission as part of the MSP is reducing duplicative data collection.
 - **OAC citation:** 5160-35-02 (F) (2)

- **Adverse Impact:** Participating school districts and community schools must complete the cost report annually as outlined in Ohio Administrative Code.
 - **Cost:** The completion of the cost report requires time and administrative duties of the school district or community school staff. The reports are due annually. The amount of time it takes to complete the cost report is dependent on the size of the school district or community school. Larger school districts will take longer to complete because they have more physical and behavioral health providers more services to students than a smaller district or community school.
 - **OAC Citation:**
 - 5160-35-02 (F)(3)
- **Adverse Impact:** The plan of care is to be signed by the qualified practitioner who recommends the service as a result of the assessment/evaluation.
 - **Cost:** The cost of this adverse impact can be quantified by staff time administer to the assessment. Staff time will be required to meet with the student, complete the assessment and document the results. This may include time to scan into an electronic filing system or organizing into a secure location in the school building. Lastly, there may be an administrative impact on facilitating the signature of the qualified practitioner.
 - **OAC Citation:**
 - 5160-35-05 (I)(2)
 - 5160-35-05 (J)(2)
- **Adverse Impact:** Participating school districts and community schools must contract with an independent certified public accountant or firm to perform an audit of the cost report.
 - **Cost:** The cost of contracting with an independent certified public accountant or firm varies by district depending on a number of factors, such as size of the district and number of Medicaid claims to be audited. Districts can enter into a contract with any accountant or firm of their choosing and follow local procurement processes. Districts can be reimbursed by Medicaid for their expenses related to the public accountant by claiming them on their cost report annually.
 - **OAC Citation**
 - 5160-35-02 (F)(4)

16. Are there any proposed changes to the rules that will reduce a regulatory burden imposed on the business community? Please identify. (*Reductions in regulatory burden may include streamlining reporting processes, simplifying rules to improve readability, eliminating requirements, reducing compliance time or fees, or other related factors*).

The to-be proposed changes to the regulations give providers greater clarification of criteria for Medicaid School Program, making it simpler for school districts and community schools to understand and participate in the program. The to-be proposed changes include more acceptable forms of documentation to receive Medicaid reimbursement, which provides greater flexibility for school districts and community schools that choose to participate. Lastly, the to-be proposed changes includes additional services and providers as part of the program, which allows school districts and community schools greater control and flexibility regarding the implementation of the program in their school or districts.

17. Why did the Agency determine that the regulatory intent justifies the adverse impact to the regulated business community?

The regulatory intent justifies the adverse impact of these regulations to the business community as it provides the opportunity for school districts and community schools to receive the federal share of Medicaid dollars as reimbursement for the cost of school-based services they are already providing to students and, in many cases, required to provide per state or federal law. The to be proposed amendments to the regulations will allow school districts and community schools to receive a larger reimbursement for school-based services they are already providing to students. The proposed regulatory changes increase the services a student with disabilities can receive in an educational setting to ensure they are able to participate in academics and attend school regularly.

Regulatory Flexibility

18. Does the regulation provide any exemptions or alternative means of compliance for small businesses? Please explain.

For school districts and community schools who choose to participate in the Medicaid School Program, there are no alternative means of compliance based on the size of the organization, however, informational resources are available on the ODM website to support the MSP provider.

19. How will the agency apply Ohio Revised Code section 119.14 (waiver of fines and penalties for paperwork violations and first-time offenders) into implementation of the regulation?

There are no fines or penalties associated with the Medicaid School Program. Medicaid School Program Providers must meet all requirements set forth in Chapter 5160- 35 of the Ohio Administrative Code.

20. What resources are available to assist small businesses with compliance of the regulation?

ODM has developed a webpage for the program and conducts periodic learning sessions and webinars. The ODM webpage includes additional information for school districts and community schools who are participating in the program or those who wish to begin participating. The ODM website, www.medicaid.ohio.gov also houses information and resources for providers to assist with a variety of topics. Medicaid School Program Providers can contact provider assistance at 1-800-686-1516.

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5160-35-01 Definitions for Chapter 5160-35 of the Administrative Code.

(A) For the purposes of Chapter 5160-35 of the Administrative Code, the following terms are defined. ~~as:~~

- (1) At the direction of: the communication of a plan of care to a licensed practical nurse as defined in Chapter 4723. of the Revised Code by a ~~licensed~~-physician as defined in Chapter 4731. of the Revised Code-or a registered nurse as defined in Chapter 4723. of the Revised Code who is acting within the scope of his or her practice under Ohio law for the provision of nursing services by the licensed practical nurse as defined in Chapter 4723. of the Revised Code.
- (2) Clinical setting: for the purpose of counseling and social work roles, a location in the school, or a location for which the medicaid school program provider has contracted for the delivery of services, where the eligible child's ~~confidentiality~~ privacy can be maintained when a service is being rendered.
- (3) Community school: a public school, independent of any school district, established in accordance with Chapter 3314. of the Revised Code that is part of the state's program of education.
- (4) Common procedural terminology (CPT): also known as current procedural terminology, is a list of descriptive terms and identifying codes, as published by the American medical association (AMA) for reporting medical services and procedures performed.
- (5) Direct service costs: costs associated with salaries, benefits, and contract compensation for individuals and entities delivering services to an eligible child, services as defined in rule 5160-35-05 of the Administrative Code ~~and as defined in paragraph (B)(2) of rule 5160-35-06 of the Administrative Code,~~ and as defined in rule 5160-35-07 of the Administrative Code.
- (6) Eligible child: a student for whom medicaid reimbursement may be sought through the medicaid school program who is enrolled in an entity defined in paragraph (B)(1) of rule 5160-35-02 of the Administrative Code, who is between the age of three to twenty-one, and has an individualized education program (IEP), a 504 plan, or a school services plan of care documenting medical necessity in which that it is indicated indicates services that are allowable under medicaid. An eligible child can also be a student who is enrolled in an entity defined in paragraph (B)(1) of rule 5160-35-02 of the Administrative Code, who is between the ages of three and twenty-one years, who receives an allowable services outlined in rule 5160-35-07 of the Administrative Code.
- (7) Healthcare common procedure coding system (HCPCS): is a uniform method for health care providers and medical suppliers to report professional services, procedures and supplies.
- (8) The individualized education program (IEP): is as defined in section 3323.011 of the Revised Code.
- (9) ~~Licensed practitioner~~ Practitioner of the healing arts: for purposes of Chapter 5160-35 of the Administrative Code ~~these rules~~, includes the qualified practitioners delineated in rule 5160-35-05 of the Administrative Code.
- (10) Local education agency: school districts of the state as defined in sections 3311.01 to ~~3311.05~~ 3311.04 of the Revised Code.

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- (11) Medicaid authorized prescriber: has the same meaning as rule 5160-1-07 the Administrative Code. a
~~physician (M.D. or D.O.), podiatrist, dentist, or advanced practice nurse working within his or her scope~~
~~of practice as defined by state law.~~
- (12) Medicaid school program authorized referrer: is a ~~licensed~~ practitioner of the healing arts who refers for services under the medicaid school component of the medicaid program ~~as set forth~~ defined in section 5162.366 of the Revised Code.
- ~~(13)~~ (13) Medical home: ~~a physician, physician group practice, or an advanced practice nurse with a current medicaid provider agreement, or a provider with a contract with an Ohio medicaid managed care plan. This provider serves as an ongoing source of primary and preventive care and provides assistance with care coordination for the patient.~~
- ~~(14)~~ (13) Medically necessary: ~~skilled services recommended by a qualified licensed practitioner in accordance with rules 5160-35-05 and 5160-35-06 of the Administrative Code who is acting within the scope of his or her licensure that meet the requirements in rule~~ has the same meaning as 5160-1-01 of the Administrative Code, ~~and meet general principles regarding reimbursement for medicaid covered services found in rule 5160-1-02 of the Administrative Code.~~ For the purpose of the medicaid school program, ~~it is recognized that~~ medically necessary services are ~~those~~ education related services identified in the individualized education program (IEP), 504 plan, or school services plan of care that meet medicaid reimbursement requirements.
- ~~(15)~~ (14) Medicaid school program (MSP): ~~is as~~ means the program set forth in Chapter 5160-35 of the Administrative Code.
- ~~(16)~~ (15) MSP provider: educational entity defined in section 5162.364 of the Revised Code and rule 5160-35-02 of the Administrative Code. ~~that meets the qualifications delineated in rule 5160-35-02 of the Administrative Code.~~
- ~~(17)~~ (16) Other costs: costs for service-related activities for which there is no current procedural terminology (CPT) or healthcare common procedure coding system (HCPCS) code and for which claiming is not possible by the MSP provider due to medicaid rule restrictions; administrative claiming, equipment, supplies, indirect costs, audit fees, and billing fees.
- ~~(18)~~ (17) Skilled services: services of such complexity and sophistication that the service can be safely and effectively performed only by or under the supervision of a ~~licensed~~ practitioner as defined in rule 5160-35-05 of the Administrative Code of the healing arts practicing within the scope of their licensure. Skilled services do not include services provided by persons not licensed in accordance with the Ohio Revised Code.
- ~~(19)~~ (18) State school: school under the control and supervision of the department of education and workforce (DEW) ~~state board of education~~ established for students who are deaf or blind as defined by section 3325.01 of the Revised Code.
- ~~(20)~~ (19) -Supervision: ~~is~~ as defined in rules 4755:2-2-02, 4755:2-2-03, 4755:2-2-05, 4753-7-02, ~~4755-27-01,~~

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~~4755-27-02, 4755-27-04,~~ and 4755-7-04 of the Administrative Code as applicable for each provider type.

~~(21)~~ (20) Telehealth: ~~is the direct delivery of health care services to a patient via secure, synchronous, interactive, real-time electronic communication comprised of both audio and video elements will be~~ in accordance with rule 5160-1-18 of the Administrative Code. ~~Practitioners must act within their scope of practice and in accordance with their licensure agreements.~~

~~(22)~~ (21) School services plan of care: a standardized and timebound template developed and maintained by the Ohio department of medicaid to be used by the MSP provider. The school services plan of care serves as documentation of the services an eligible child will receive as part of the medicaid school program to address an eligible child's physical, mental, or behavioral health needs that inhibit the eligible child's academic performance or regular school attendance. The school services plan of care details services provided to an eligible child as described in rules 5160-35-05, 5160-35-06, and 5160-35-07 of the Administrative Code and includes components described in paragraph (J) of rule 5160-35-05 of the Administrative Code. The school services plan of care is not a medical record and does not qualify as a medical record. MSP providers will ensure compliance with the Family Educational Rights and Privacy Act (FERPA) and Health Insurance Portability and Accountability Act (HIPAA). The school services plan of care does not supplant any state or federal processes or timelines related to identifying and serving students with disabilities.

~~(23)~~ (22) The 504 Plan: has the same definition as in rule 3301-13-01 of the Administrative Code.

(23) Eligible provider: has the same definition as in rule 5160-1-17 of the Administrative Code.

(24) Random Moment Time Study (RMTS): defined as a tool used to analyze work done by employees and contractors over a specified time period. The RMTS is designed to document the level of effort MSP providers provide on a state-wide basis in compliance with the applicable RMTS guide provided by the Ohio department of Medicaid.

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5160-35-02 Qualifications to be a medicaid school program (MSP) provider and requirements for payment.

(A) The purpose of this rule is to set forth the qualifications to become a medicaid school program provider (MSP) and ~~requirements~~ processes to be followed by an MSP provider.

(B) An MSP provider:

(1) Is one of the following:

- (a) A local education agency (LEA) city school district, local school district, exempted village school district, or any other school district as defined in sections 3311.01 to ~~3111.05~~ 3311.04 of the Revised Code;
- (b) ~~-~~A state school for the deaf as defined by section 3325.01 of the Revised Code;
- (c) ~~-~~A state school for the blind as defined by section 3325.01 of the Revised Code;
- (d) A community school as defined by ~~Chapter~~ section 3314.01 of the Revised Code.

(2) Is an eligible medicaid provider as defined in rule 5160-1-17 of the Administrative Code. ~~Will obtain and maintain a current valid medicaid provider agreement in accordance with rule 5160-1-17.2 of the Administrative Code.~~

(3) Will employ or contract for at least one of the following:

- (a) Occupational therapist as defined in ~~who holds a current, valid license to practice occupational therapy issued under~~ Chapter 4755. of the Revised Code.
- (b) Physical therapist as defined in ~~who holds a current, valid license to practice physical therapy issued under~~ Chapter 4755. of the Revised Code.
- (c) Speech-language pathologist as defined in ~~who holds a current, valid license to practice speech language pathology issued under~~ Chapter 4753. of the Revised Code.
- (d) Audiologist as defined in ~~who holds a current, valid license to practice audiology issued under~~ Chapter 4753. of the Revised Code.
- (e) ~~Licensed~~ Professional clinical counselor or ~~licensed~~ professional counselor as defined in ~~who holds a current, valid license to practice professional counseling issued under~~ Chapter 4757. of the Revised Code.
- (f) ~~Licensed psychologist~~ Psychologist or ~~licensed~~ school psychologist as defined in ~~who holds a current, valid license to practice psychology or school psychology issued under~~ Chapter 4732. of the Revised Code or ~~under in~~ rule 3301-24-05 of the Administrative Code.
- (g) ~~Licensed independent~~ Independent social worker or social worker as defined in ~~who holds a current, valid license to practice social work issued under~~ Chapter 4733. of the Revised Code.

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~~valid license to practice social work issued under~~ Chapter 4757. of the Revised Code.

(h) Independent marriage and family therapist or marriage and family therapist as defined in Chapter 4757. of the Revised Code;

(i) Independent chemical dependency counselor or chemical dependency counselor II or III as defined in Chapter 4758. of the Revised Code;

~~(h)-(j) Licensed registered~~ Registered nurse as defined in ~~who holds a current, valid license to practice nursing issued under~~ Chapter 4723. of the Revised Code.

(k) Clinical nurse specialist as defined in Chapter 4723. of the Revised Code;

(l) Nurse practitioner as defined in Chapter 4723. of the Revised Code;

(m) Physician assistant as defined in Chapter 4730. of the Revised Code.

(C) An MSP provider will ensure all employees and contractors who have in-person or virtual contact with consumers for the provision of face-to-face or telehealth services undergo and successfully complete criminal records checks pursuant to rules adopted under section 5164.34 of the Revised Code.

(D) An MSP provider is obligated to provide services in accordance with rules 5160-35-05 ~~and~~, 5160-35-06, and 5160-35-07 of the Administrative Code.

(E) An MSP provider is obligated to submit claims in accordance with rule 5160-35-04 of the Administrative Code to receive reimbursement for the provision of services.

(F) An MSP provider will maintain documentation of services delivered.

~~(F)~~ (G) An MSP provider is obligated to comply with the following for cost reporting and cost reconciliation purposes:

- (1) Participate in all random moment time studies (RMTS) as defined in rule 5160-35-01 of the Administrative Code. ~~RMTS are designed to document the level of effort of MSP providers on a state-wide basis in compliance with the applicable RMTS guide provided by the Ohio department of education (ODE).~~
- (2) Submit the federal child count of special education students ~~included as a part of the total student count~~ as defined in section 3301.011 of the Revised Code.
- (3) Prepare a cost report in accordance with ~~paragraph (K)(2) of~~ rule 5160-35-04 of the Administrative Code.
- (4) Contract with an independent certified public accountant or firm to perform an agreed upon procedures review of the cost report and to document adjustments to the cost report, in accordance with paragraph (K)(2) of rule 5160-35-04 of the Administrative Code.
- (5) An MSP provider delivers and documents services in accordance with all state and federal laws. ~~Adhere to all applicable rules, including, but not limited to 45 C.F.R. 92, dated December 24, 2013, Revised Code, Administrative Code, "CMS Publication 15-1" (found at www.cms.gov/manuals), and provisions~~

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~~outlined in the cost report instructions.~~

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5160-35-05 Services authorized for medicaid coverage that can be provided by medicaid school program (MSP) providers.

(A) The purpose of this rule is to set forth the services authorized for medicaid coverage that ~~a~~an MSP provider can provide, and to set forth the conditions for providing the services.

(B) The MSP provider will only submit claims for which it has statutory authority to provide, including medically necessary services to eligible children in accordance with this rule and rules 5160-35-06 and 5160-35-07 of the Administrative Code that are identified and documented in an approved plan of care:

(1) The individualized education program (IEP) means as defined in section 3323.011 of the Revised Code;

(2) 504 plan means as defined in rule 3301-13-01 of the Administrative Code;

(3) A school services plan of care is a standardized and timebound template developed and maintained by the Ohio department of medicaid to be used by the MSP provider. The school services plan of care serves as documentation of the services an eligible child will receive as part of the medicaid school program to address an eligible child's physical, mental, or behavioral health needs that inhibit the eligible child's academic performance or regular school attendance. The school services plan of care details services provided to an eligible child as described in this rule and rules 5160-35-06 and 5160-35-07 of the Administrative Code and includes components described in paragraph (J) of this rule. This school services plan of care is not a medical record and does not qualify as a medical record. MSP providers will ensure compliance with the Family Educational Rights and Privacy Act (FERPA) and the Health Insurance Portability and Accountability Act (HIPAA). The school services plan of care does not supplant any state or federal processes or timelines related to identifying and serving children with disabilities.

~~(B)~~(C) An MSP provider may provide skilled services. Following are the skilled services an MSP provider may provide:

(1) Occupational therapy services:

(a) Description: services that evaluate and treat, as well as services to analyze, select, and adapt activities for an eligible child whose functioning is impaired by developmental deficiencies, physical injury or illness. The occupational therapy service will be recommended by ~~a licensed~~ an occupational therapist ~~acting within the scope of his or her practice under Ohio law who holds a current, valid license to practice occupational therapy issued under~~ as defined in Chapter 4755. of the Revised Code. ~~Services provided by an individual holding a limited permit, as described in section 4755.08 of the Revised Code, are not allowable.~~

(b) Qualified practitioners who can deliver the services:

(i) ~~Licensed occupational~~ Occupational therapist ~~as defined in who holds a current, valid license to practice occupational therapy issued under~~ Chapter 4755. of the Revised Code and in accordance with rule 5160-35-02 of the Administrative Code, ~~who is employed or contracted with the MSP provider, and who is acting within the scope of his or her practice under Ohio law.~~

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- (ii) ~~Licensed occupational~~ Occupational therapy assistant as defined in ~~who holds a current, valid license issued under~~ Chapter 4755. of the Revised Code and in accordance with rule 5160-35-02 of the Administrative Code, ~~, who is employed or contracted with the MSP provider, and who is acting within the scope of his or her practice under Ohio law. Further, and~~ the licensed occupational therapy assistant will be practicing under the supervision of an ~~a licensed~~ occupational therapist who is employed or contracted by the MSP provider.
- (iii) ~~An~~ A student occupational ~~therapist~~ therapy student ~~or a student occupational therapy assistant defined by rule 4755:1-2-02 of the Administrative Code. who is completing an internship or externship in accordance with the clinical requirements as established by the credentialing board.~~

(c) Allowable activities include:

- (i) Evaluation and re-evaluation to determine the current sensory and motor functional level of the eligible child and identifying appropriate therapeutic interventions to address the findings of the evaluation/re-evaluation.
- (ii) Therapy to improve the sensory and motor functioning of the eligible child, to teach skills and behaviors crucial to the eligible child's independent and productive level of functioning.
- (iii) Application and instruction in the use of orthotic and prosthetic devices, and other equipment to accomplish the goal of therapy in accordance with paragraph (B)(1)(c)(ii) of this rule.
- (iv) May make referrals for occupational therapy services under the MSP component of the medicaid program as authorized in section 5162.366 of the Revised Code.

(2) Physical therapy services

- (a) Description: services that evaluate and treat an eligible child by physical measures and the use of therapeutic exercises and procedures, with or without assistive devices, for the purpose of correcting, or alleviating a disability. The physical therapy service will be recommended by a ~~licensed~~ physical therapist as defined in ~~acting within the scope of his or her practice under Ohio law who holds a current, valid license to practice physical therapy issued under~~ Chapter 4755. of the Revised Code.
- (b) Qualified practitioners who can deliver the services:
 - (i) ~~Licensed physical~~ Physical therapist as defined in ~~who holds a current, valid license to practice physical therapy issued under~~ Chapter 4755. of the Revised Code and in accordance with rule 5160-35-02 of the Administrative Code, ~~, who is employed or contracted with the MSP provider, and who is acting within the scope of his or her practice under Ohio law.~~
 - (ii) ~~Licensed physical~~ Physical therapist assistant as defined in ~~who holds a current, valid license issued under~~ Chapter 4755. of the Revised Code, in accordance with rule 5160-35-02 of the Administrative Code, ~~who is employed or contracted with the MSP provider, who is acting within the scope of his or her practice under Ohio law,~~ and who is practicing under the

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supervision of a ~~licensed~~ physical therapist as defined in Chapter 4755. of the Revised Code who is employed or contracted by the MSP provider.

- (iii) A student physical ~~therapy student~~ therapist or a student physical therapist assistant as defined by rule 4755:2-2-02 of the Administrative Code. ~~who is completing an internship or externship in accordance with the clinical requirements as established by the credentialing board.~~

(c) Allowable activities include:

- (i) Evaluation and re-evaluation to determine the current level of physical functioning of the eligible child and to identify appropriate therapeutic interventions to address the findings of the evaluation/re-evaluation.
- (ii) Therapy, with or without assistive devices, for the purpose of preventing, correcting or alleviating the impairment of the eligible child.
- (iii) Application and instruction in the use of orthotic and prosthetic devices, and other equipment to accomplish the goal of therapy in accordance with paragraph (B)(2)(c)(ii) of this rule.
- (iv) May make referrals for physical therapy services under the MSP component of the medicaid program as authorized in section 5162.366 of the Revised Code.

(3) Speech-language pathology services

- (a) Description: services that are planned, directed, supervised and conducted for individuals or groups of individuals who have or are suspected of having disorders of communication. The application of principles, methods, or procedures related to the development and disorders of human communication can include identification, evaluation, and treatment. The speech-language pathology service will be recommended by a ~~licensed~~ speech-language pathologist as defined in ~~acting within the scope of his or her practice under Ohio law who holds a current, valid license to practice speech-language pathology issued under~~ Chapter 4753. of the Revised Code.

(b) Qualified practitioners who can deliver the services:

- (i) ~~Licensed speech-language~~ Speech-language pathologist as defined in ~~who holds a current, valid license to practice speech-language pathology issued under~~ Chapter 4753. of the Revised Code and in accordance with rule 5160-35-02 of the Administrative Code. ~~, who is employed or contracted with the MSP provider, and who is acting within the scope of his or her practice under Ohio law.~~
- (ii) ~~Licensed speech-language~~ Speech-language pathology aide as defined in ~~who holds a current, valid license issued under~~ Chapter 4753. of the Revised Code, in accordance with rule 5160-35-02 of the Administrative Code. ~~, who is employed or contracted with the MSP provider, who is acting within the scope of his or her practice under Ohio law,~~ and who is practicing under the supervision of the ~~licensed~~ speech-language pathologist as defined in Chapter 4753. of the Revised Code who meets the criteria in rule 4753-7-01 of the Administrative Code. ~~who completed, signed and submitted to the Ohio board of speech-language pathology and audiology~~

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~~the speech-language pathology aide plan. The supervising speech-language pathologist will be employed or contracted by the MSP provider.~~

- (iii) ~~A person holding a conditional license~~ who meets conditional criteria to practice speech-language pathology as defined, ~~if the eligible provider supervising the professional experience keeps on file a copy of the conditionally licensed speech-language pathologist's plan of supervised professional experience, mandated~~ in section 4753.071 of the Revised Code.

- (iv) A speech-language pathology student who is completing an internship or externship in accordance with the clinical requirements as established by the credentialing board.

(c) Allowable activities include:

- (i) Evaluation and re-evaluation to determine the current level of speech-language of the eligible child and to identify the appropriate speech-language treatment to address the findings of the evaluation/re-evaluation.
- (ii) Therapy, with or without assistive devices, for the purpose of preventing, correcting or alleviating the impairment of the eligible child.
- (iii) Application and instruction in the use of assistive devices.
- (iv) May make referrals for speech-language pathology services under the MSP component of the medicaid program as authorized in section 5162.366 of the Revised Code.

(4) Audiology services

- (a) Description: hearing exams, diagnostic tests, and services requiring the application of principles, methods, or procedures related to hearing and the disorders of hearing. The audiology service will be recommended by ~~a licensed~~ an audiologist as defined in ~~acting within the scope of his or her practice under Ohio law who holds a current, valid license to practice audiology issued under~~ Chapter 4753. of the Revised Code.

(b) Qualified practitioners who can deliver the services:

- (i) ~~Licensed audiologist~~ Audiologist as defined in ~~who holds a current, valid license to practice audiology issued under~~ Chapter 4753. of the Revised Code and in accordance with rule 5160-35-02 of the Administrative Code., ~~who is employed or contracted with the MSP provider, and who is acting within the scope of his or her practice under Ohio law.~~
- (ii) ~~Licensed audiology~~ Audiology aide as defined in ~~holds a current, valid license issued under~~ Chapter 4753. of the Revised Code, in accordance with rule 5160-35-02 of the Administrative Code ~~who is employed or contracted with the MSP provider, who is acting within the scope of his or her practice under Ohio law,~~ and who is practicing under the supervision of an ~~the~~ ~~licensed~~ audiologist as defined in Chapter 4753. of the Revised Code who meets criteria defined in rule 4753-7-01 of the Administrative Code. ~~who completed, signed and submitted to the Ohio board of speech-language pathology and audiology the audiology aide plan. The supervising~~

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~~audiologist will be employed or contracted by the MSP provider.~~

- (iii) An audiology student who is completing an internship or externship in accordance with clinical requirements as established by the credentialing board.

(c) Allowable activities include:

- (i) Evaluation and re-evaluation to determine the current level of hearing of the eligible child and to identify the appropriate audiology treatment, as well as treatment to address the findings of the evaluation/re-evaluation.
- (ii) May make referrals for audiology services under the MSP component of the medicaid program as authorized in section 5162.366 of the Revised Code.

(5) ~~Nursing services~~ Physical Health Services

- (a) Description: services from a registered nurse that provides care to individuals and groups ~~nursing care~~ as defined in Chapter 4723. of the Revised Code. ~~And, Additionally,~~ services from a licensed practical nurse that provides care to individuals and groups nursing care as defined in Chapter 4723. of the Revised Code. The nursing service, with the exception of evaluations and assessments, will be prescribed by a medicaid authorized prescriber acting within the scope of his or her practice under Ohio law who holds a current, valid license.

(b) Qualified practitioners who may deliver the services:

- (i) ~~Licensed registered~~ Registered nurse ~~as defined in who holds a current, valid license issued under~~ Chapter 4723. of the Revised Code and in accordance with rule 5160-35-02 of the Administrative Code., ~~who is employed or contracted with the MSP provider, and who is acting within the scope of his or her practice under Ohio law.~~
- (ii) Licensed practical nurse ~~as defined in who holds a current, valid license issued under~~ Chapter 4723. of the Revised Code and in accordance with rule 5160-35-02 of the Administrative Code., ~~who is employed or contracted with the MSP provider, who is practicing at the direction of a medicaid authorized prescriber, and who is acting within the scope of his or her practice under Ohio law.~~

(iii) Clinical nurse specialist as defined in Chapter 4723. of the Revised Code and in accordance with rule 5160-35-02 of the Administrative Code.

(iv) Nurse practitioner as defined in Chapter 4723. of the Revised Code and in accordance with rule 5160-35-02 of the Administrative Code.

(v) Physician assistant as defined in Chapter 4730. of the Revised Code and in accordance with rule 5160-35-02 of the Administrative Code.

(c) Allowable activities include:

- (i) Assessment/evaluation and re-assessment/re-evaluation to determine the current health status of the eligible child in order to identify and facilitate provision of appropriate nursing treatment to

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address the findings of the assessment/evaluation or re-assessment/re-evaluation.

~~(ii) (ii) Administering medications prescribed by a medicaid authorized prescriber.~~

~~(iii) (ii)~~ The implementation of medical/nursing procedures/treatments ~~prescribed by a medicaid authorized prescriber~~ in accordance with paragraph (A)(11) of rule 5160-35-01 of the Administrative Code for the medicaid eligible child, which may include tube feeds, bowel and bladder care, colostomy care, catheterizations, respiratory treatment, wound care, chronic disease management, behavioral health services as described in paragraph (C)(6)(iii)(c)(i) of this rule and any other services that are prescribed ~~by a medicaid authorized prescriber~~ in accordance with paragraph (A)(11) of rule 5160-35-01 of the Administrative Code.

(6) ~~Mental~~ Behavioral health services as defined by each profession's scope of practice and licensing criteria.

(a) Description: Behavioral health services are services or procedures that are performed for the diagnosis and treatment of mental, behavioral, substance use, or emotional disorders by an allowable professional defined in paragraph (C)(6)(b) of this rule or by an allowable professional as defined in paragraph (C)(6)(b) of this rule who is under appropriate supervision according to the criteria of their respective boards and who is acting within their appropriate scope of practice under Ohio law.

~~(i) (i) Counseling services rendered to an individual or group and involves the application of clinical counseling principles, methods, or procedures to assist individuals in achieving more effective personal or social development and adjustment, including the diagnosis and treatment of mental and emotional disorders;~~

~~(ii) (ii) Social work services that involve the application of specialized knowledge of human development and behavior and social, economic, and cultural systems in directly assisting individuals, families, and groups in a clinical setting to improve or restore their capacity for social functioning, including counseling, the use of psychosocial interventions, and the use of social psychotherapy, which includes the diagnosis and treatment of mental and emotional disorders; and~~

~~(iii) (iii) Psychology services that are the application of psychological procedures to assess, diagnose, prevent, treat, or ameliorate psychological problems or emotional or mental disorders of individuals or groups; or to assess or improve psychological adjustment or functioning of individuals or groups, whether or not there is a diagnosable pre-existing psychological problem.~~

(b) Qualified practitioners who can deliver the services:

~~(i) Licensed clinical counselor, licensed counselor who holds a current, valid license to practice professional counseling issued under Chapter 4757. of the Revised Code, who is employed by or contracted with the MSP provider, and who is acting within the scope of his or her practice under Ohio law;~~ A professional counselor, professional clinical counselor, professional clinical counselor - supervisor, counselor trainee, independent social worker, independent social worker - supervisor, social worker, social worker trainee, independent marriage and family therapist, marriage and family therapist, or marriage and family therapist trainee as defined in Chapter 4757. of the Revised Code and in accordance with rule 5160-35-02 of the Administrative Code.

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- ~~(ii) (ii) Licensed independent social worker, or licensed social worker who holds a current, valid license to practice social work issued under Chapter 4757. of the Revised Code, who is employed by or contracted with the MSP provider, and who is acting within the scope of his or her practice under Ohio law;~~
 - ~~(iii) (ii) Licensed psychologist Psychologist or a licensed school psychologist ~~who holds as defined in a current, valid license to practice psychology issued under~~ Chapter 4732. of the Revised Code, or to practice school psychology ~~issued under as defined in~~ Chapter 4732. of the Revised Code or under rule 3301-24-05 of the Administrative Code in accordance with rule 5160-35-02 of the Administrative Code. ~~who is employed or contracted with the MSP provider, and who is acting within the scope of his or her practice under Ohio law.~~~~
 - (iii) Psychology or school psychology trainee or intern who is completing an internship or externship in accordance with clinical criteria as defined in section 4723.22 of the Revised Code and in accordance with rule 5160-35-02 of the Administrative Code.
 - (iv) Independent chemical dependency counselor or chemical dependency counselor II or III as defined in Chapter 4758. of the Revised Code and in accordance with rule 5160-35-02 of the Administrative Code.
 - (v) Registered nurse or a licensed practical nurse as defined in Chapter 4723. of the Revised Code providing behavioral health services as described in paragraph (6)(c)(iii)(c)(i) of this rule and in accordance with rule 5160-35-02 of the Administrative Code.
- (c) Allowable ~~activities-services~~ include:
- ~~(i) Diagnosis and rehabilitative treatment of mental and emotional disorders performed by a licensed independent social worker, licensed social worker, professional counselor, or professional clinical counselor acting within his or her scope of practice under Ohio law.~~ Screening activities.
 - (a) Behavioral health screenings that identify potential need for services related to mental health or substance use disorder
 - ~~(ii) Assessment and diagnostic services performed by a licensed psychologist or a licensed school psychologist acting within his or her scope of practice under Ohio law to determine the current psychological condition of the eligible child and to identify appropriate psychological treatment and/or therapy for the eligible child to address the findings of the assessment/diagnosis.~~ Assessment activities.
 - (a) An assessment is a clinical evaluation of a person which is individualized as well as age, gender, and culturally appropriate.
 - (b) An assessment determines diagnosis and treatment needs, and establishes a treatment plan to address the eligible child's mental illness or substance use disorder
 - ~~(iii) Psychological and neuropsychological testing when performed to assist in determining the possible presence of a psychological or neuropsychological disorder~~ Treatment activities.

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(a) Counseling and therapy services provided by an allowable MSP provider acting within their scope of practice where there is an interaction with an eligible child or eligible children and the focus is on achieving treatment objectives related to alcohol and other substance use; or the eligible child's mental illness or emotional disturbance.

(i) Counseling and therapy involves a face-to-face encounter between an eligible child, group of eligible children, an eligible child and family members, or family members and a behavioral health professional.

(ii) Group counseling and therapy encounters will not exceed a one-to-twelve behavioral health professional to patient ratio.

(b) Therapeutic behavioral services (TBS)

(i) Provided by an allowable MSP provider listed in paragraph (b) (i)-(iii) of this rule acting within their scope of practice who is rendering activities described in rules 5160-27-08 and 5122-29-18 of the Administrative Code.

(c) Behavioral health nursing:

(i) Behavioral health nursing services are mental health and substance use disorder (SUD) nursing services performed by registered nurses or licensed practical nurses. They include those activities that are performed within professional scope of practice and in authorized settings by a registered nurse or licensed practical nurse as defined in section 4723.01 of the Revised Code and are intended to address the behavioral and other physical health needs of eligible children receiving treatment for psychiatric symptoms or substance use disorders.

~~(iv) (iv) Rehabilitative treatment using psychological procedures for the purpose of treating, correcting or alleviating the mental and emotional impairment of the eligible child.~~

~~(d) Unallowable activities include sensitivity training, sexual competency training, educational activities (including testing and diagnosis—this does not include initial assessments nor re-assessment as indicated in paragraph (B)(7) of this rule), monitoring activities of daily living, recreational therapies, teaching grooming skills, sensory stimulation, teaching social interaction/diversion skills, crisis intervention not included in an eligible child's individualized educational program (IEP), and family therapy that is not as a direct benefit to the eligible child.~~ Allowable practitioners providing behavioral health services to eligible children are subject to all clinical supervision and documentation criteria outlined by each profession's scope of practice and licensing criteria and as described in rule 5160-8-05 of the Administrative Code and must document appropriate supervision where applicable and in accordance with respective boards

(7) Assessments/evaluations for IEPs

(a) Description: the initial assessment/evaluation that is part of the evaluation team report (ETR) process (reimbursement is limited to one per continuous twelve month period per eligible child unless prior authorization is obtained) conducted for an eligible child without an IEP or conducted for a two year old eligible child with a disability to determine whether or not an IEP is appropriate. The

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assessment/evaluation will include a description of the services and supports which are needed to address the findings from the assessment/evaluation and will be signed by the qualified practitioner who conducted the assessment/ evaluation. Reimbursement is not available for the development of the IEP.

(b) Description: the re-assessment/re-evaluation conducted thereafter and identified in the eligible child's IEP (reimbursement is limited to one per continuous six month period per [eligible](#) child unless prior authorization is obtained). The re-assessment/re-evaluation will include a recommendation that describes the services and supports which are needed to address the findings from the re-assessment/re-evaluation and be signed by the qualified practitioner who conducted the re-assessment/re-evaluation. Reimbursement is not available for the development of the IEP.

(c) Qualified practitioners who may deliver the initial assessment/evaluation, or re-assessment/re-evaluation services: one of the qualified practitioners identified in paragraphs (B)(1) to (B)(6) of this rule ~~who holds a current, valid license~~, who is employed or contracted with the MSP provider, and who is acting within the scope of his or her practice under Ohio law.

~~(C)~~ (D) An MSP provider may provide telehealth services. Telehealth services are to be delivered in accordance with an eligible child's IEP, [504 plan, or school services plan of care](#) and in accordance with the telehealth service delivery methods as identified in rule 5160-1-18 of the Administrative Code or as provided in written guidance, as set forth by ODM or the appointing authority, when not clarified in rule 5160-1-18 of the Administrative Code.

~~(D)~~ (E) In accordance with an eligible child's IEP, [504 plan, or school services plan of care](#) and section 5162.366 of the Revised Code, a physical therapist, occupational therapist, speech-language pathologist, and audiologist can make a referral for the [eligible](#) child when the referral is within the practitioner's specific discipline. [In accordance with an eligible child's IEP, 504 plan, or school services plan of care and section 5162.366 of the Revised Code, a clinical nurse specialist, certified nurse practitioner, and physician assistant can be an ordering and referring provider for the eligible child if it is within the practitioner's specific discipline.](#)

The ~~licensed~~ physical therapist, occupational therapist, speech-language pathologist, ~~and audiologist~~, [clinical nurse specialist, certified nurse practitioner, and physician assistant](#) ~~is obligated to have an active medicaid-provider agreement in place.~~ [will meet criteria in rule 5160-1-17.2 of the Administrative Code.](#)

~~(E)~~ (F) Although the following list is not all-inclusive, the following are not allowable for reimbursement through the medicaid school program:

~~(1) (1) Attending IEP and ETR meetings, and development of the IEP.~~

~~(2) (1)~~ Services and activities that go beyond the recommendation of the qualified practitioner conducting the assessment/evaluation, re-assessment/re-evaluation and therefore are provided solely for the purpose of education, special education or special instruction.

~~(3) (3) Health/medical screens, including mass screens provided to an eligible child with an IEP.~~

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- ~~(4)~~(2) Counseling parents and teachers regarding hearing loss.
- ~~(5)~~(3) In-house training.
- ~~(6)~~(4) Fittings for amplification devices, and equipment troubleshooting ~~and/or~~ or -repair.
- ~~(7)~~(5) Nursing services provided as a part of immunizations process.
- ~~(8)~~(6) Instruction on self-care that does not need the expertise of the licensed practitioner.
- ~~(9)~~(9) ~~Services provided to a child who does not have an IEP with the exception of the initial assessment/evaluation as described in paragraph (B)(7) of this rule.~~
- ~~(10)~~(7) Services not indicated in an eligible child's IEP, 504 plan, or school services plan of care documenting medical necessity as described in paragraph (B) of this rule prior to the provision of the service with the exception of the initial assessment/evaluation as described in paragraph (B)(7) of this rule and with the exception of services described in rule 5160-35-07 of the Administrative Code.
- ~~(11)~~(11) ~~Services provided to a child who does not have a disability and a need for special education and related services with the exception of the initial assessment/evaluation as described in paragraph (B)(7) of this rule.~~
- ~~(12)~~(8) Services provided on days or at times when the eligible child is not in attendance in the ~~IEP~~-designated school setting as defined by the child's IEP, 504 plan or school services plan of care as described in paragraph (B) of this rule with the exception of the initial assessment/evaluation as described in paragraph (B)(7) of this rule.
- ~~(13)~~(9) Services that are not provided under the appropriate supervision ~~and/or~~ or at the appropriate direction of a licensed practitioner of the healing arts.
- ~~(14)~~(10) Services provided by a non-licensed person.
- ~~(15)~~(11) Services for which an eligible child fails to show progress toward ~~IEP~~-identified goals in the IEP, 504 plan or school services plan of care over two consecutive three-month periods and there is no documentation that the methods ~~and/or~~ or techniques applied have been modified to improve progress.
- ~~(16)~~(12) Services provided as a part of the eligible child's waiver services, or as a part of services through an intermediate care facility or of a nursing facility.
- ~~(17)~~(13) Services and activities that are not a direct benefit to the eligible child.
- ~~(15)~~(14) Sensitivity training.
- ~~(16)~~(15) Sexual competency training.
- ~~(17)~~(16) Educational activities (including testing and diagnosis - this does not include initial assessments nor re-assessment as indicated in paragraph (C)(7) of this rule).
- ~~(18)~~(17) Monitoring activities of daily living.

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~~(19)~~(18) Recreational therapies.

~~(20)~~(19) Teaching grooming skills.

~~(21)~~(20) Sensory stimulation.

~~(22)~~(21) Teaching social interaction/diversion skills.

~~(23)~~(22) Family therapy that is not a direct benefit to the eligible child.

~~(F)~~(G) In accordance with rule 5160-1-01 of the Administrative Code, the services provided will be medically necessary and the type, frequency, scope and duration of the services will fall within the normal range of services considered under acceptable standards of medical and healing arts professional practice, as appropriate.

~~(G)~~(H) The services provided are of such level of complexity and sophistication, or the condition of the patient is such that the service can be safely and effectively performed only by or under the supervision of a licensed practitioner as indicated in this rule.

~~(H)~~(I) The eligible child's IEP ~~are~~is to contain the following components. ~~that, taken together and for the purposes of Chapter 5160-35 of the Administrative Code, are called the plan of care. This plan of care does-~~ These IEP components do not supplant any practitioner plan of care, and will:

- (1) Be based on the initial assessment/evaluation conducted during the ETR as defined in rule 3301-51-01 of the Administrative Code or the subsequent assessments/evaluations and re-assessments/re-evaluations.
- (2) Be signed by the qualified practitioner who recommends the service as a result of the assessment/evaluation, re-assessment/re-evaluation.
- (3) Include specific services to be used, and the amount, duration and frequency of each service.
- (4) Include specific goals to be achieved as a result of service provided, including the level or degree of improvement expected.
- (5) For nursing services, reference and identify the location of the prescription of a physician, ~~and for.~~ For medications, reference and identify the location of the prescription of a physician, physician assistant, or an advanced practice nurse ~~with certification to prescribe~~ in accordance with Ohio law.
- (6) Specify timelines for re-assessment/~~re-evaluation~~, which should be no more than twelve-months from the date of the initial evaluation or re-assessment ~~assessment/evaluation~~, of the eligible child and updates to the ~~plan of care/IEP.~~ IEP.

(J) The eligible child's school services plan of care will contain the following components. These components do not supplant any practitioner plan of care. The school services plan of care does not supplant any state or federal processes or timelines related to identifying and serving children with disabilities.

(1) Be based on an assessment of need conducted by an authorized school district provider or community provider.

(2) Be signed by the authorized school district provider in accordance with rule 5160-35-02 of the

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Administrative Code who recommends the service as a result of the assessment of need.

(3) Include specific services to be used, and the amount, duration and frequency of each service.

(4) Include specific goals to be achieved as a result of the service provided, including the level or degree of improvement expected.

(5) For nursing services, reference and identify the location of the prescription of a physician. For medications, reference and identify the location of the prescription of a physician, a physician assistant, or an advanced practice nurse in accordance with Ohio law.

(6) Specify timelines for re-assessment, which should be no more than twelve-months from the date of the initial evaluation or most recent re-assessment, of the eligible child and updates to the plan of care.

(7) Include specific criteria regarding referrals to community providers, when appropriate.

~~(H)~~ (K) The documentation for the provision of service will be maintained for purposes of supporting the delivery of the service and to provide an audit trail. Documentation will include:

(1) The date (i.e., day, month, and year) that the activity was provided.

(2) The full legal name of the eligible child for whom the activity was provided.

(3) A description of the service, procedure, and method provided, as well as the location where the service is delivered (may be in case notes or a coded system with a corresponding key).

(4) Group size if the service was provided to more than one individual during the service delivery time.

(5) The duration in minutes or time in/time out of the activity provided. Duration in minutes is acceptable if the schedule of the person delivering the service is maintained on file.

(6) A description of the actual progress demonstrated by the eligible child toward the stated goals outlined in the plan of care for each continuous three-month reporting period.

(7) The signature or initials of the person delivering the service on each entry of service delivery. Each documentation recording sheet will contain a legend that indicates the name (electronic, typed or printed), title, signature, and initials of the person delivering the service to correspond with each entry's identifying signature or initials.

(8) Evidence in either the eligible child's case file or a separate supervision log that the appropriate supervision was provided in accordance with appropriate licensing standards.

(9) A description of efforts made to coordinate services with the eligible child's medical ~~home~~-provider in accordance with the medicaid provider agreement.

~~(H)~~ (L) The claims for reimbursement for services will be submitted in accordance with rule 5160-35-04 of the Administrative Code.

~~(K)~~ (M) -Guidance in this rule is specific to services performed by qualified practitioners in a school-based setting. Qualified practitioners will exercise reasonable professional judgement consistent with standards as set by his or her professional board. This guidance does not alter any practitioner's scope of practice, nor

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does it negate the necessity to meet other mandates as obligated when services are furnished outside of the medicaid school program.

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5160-35-06 Other services, medical supplies and equipment authorized for medicaid coverage that can be provided by medicaid school program (MSP) providers.

(A) The purpose of this rule is to set 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.

(B) In addition to the services indicated in ~~rule~~rules 5160-35-05 and 5160-35-07 of the Administrative Code, a MSP provider may render and receive payment for the following services:

(1) Transportation:

- (a) For purposes of Chapter 5160-35 of the Administrative Code, "transportation" is specialized conveyance that accommodates the specific needs of an eligible child with an individualized education plan (IEP) (for example, transportation by wheelchair-accessible vehicle or adapted school bus) for the purpose of traveling to or from the MSP provider to receive medically necessary services allowable under ~~rule~~rules 5160-35-05 and 5160-35-07 of the Administrative Code.
- (b) Claims for transportation mileage are paid in accordance with rates as found in the "Healthcare Common Procedure Coding System (HCPS)," with the "Current Procedural Terminology (CPT)" codes, and in rule 5160-1-60 of the Administrative Code.
- (c) Unallowable services include transportation that is otherwise available to all students, transportation that is provided in a vehicle that is not used specifically to accommodate an eligible child, transportation accommodations that are not indicated in an eligible child's individualized education program (IEP), and transportation provided from home to school or from school to home if no medicaid-covered service allowable under rule 5160-35-05 of the Administrative Code was received at school on that day.

~~(2)~~(2) ~~Targeted case management services (TCM):~~

~~(a) (a) Description: assessment, care planning, referral and linkage, monitoring and follow-up activities specified in an eligible child's IEP that will assist the eligible child in gaining access to medical, social, educational and other needed services. The amount, frequency, and duration of the case management services, as well as the case manager responsible for providing the case management service, are to be indicated in the eligible child's IEP.~~

~~(b) (b) Qualified practitioners who may deliver the services:~~

- ~~(i) (i) A licensed registered nurse who holds a current, valid license issued under section 4723.09 of the Revised Code, and who is employed or contracted with the MSP provider.~~
- ~~(ii) (ii) An individual with a baccalaureate degree with a major in education or social work, and who is employed or contracted with the MSP provider.~~
- ~~(iii) (iii) An individual who has earned credit in course work equivalent to that as needed for a major in a specific special education area, and who is employed or contracted with the MSP provider.~~
- ~~(iv) (iv) A person who is employed or contracted with the MSP provider, and who has a minimum of~~

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~~three years personal experience in the direct care of an individual with special needs.~~

~~(c) (c) The service unit will be fifteen minutes.~~

~~(d) (d) Targeted case management is to be billed on a separate claim from all other services. If it is billed on a claim with other services, the targeted case management claim will be denied. This is strictly a billing issue and does not impact the provision of services.~~

~~(e) (e) Activities under targeted case management are:~~

~~(i) (i) Assessment: for an eligible child with an IEP, ensuring the prescription, by a medicaid-authorized prescriber for services for which medicaid reimbursement is to be sought, is in the eligible child's case file; gathering of comprehensive information concerning the eligible child's preferences, personal goals, needs, abilities, health status and other available supports; determining the eligible child's need for case management; obtaining agreement from the eligible child and/or parent/legal guardian, whichever is appropriate, to allow the provision of case management; making arrangements to obtain from therapists and appropriately qualified persons the initial and on-going evaluation of the eligible child's need for any medical, educational, social, and other services.~~

~~(ii) (ii) Care planning: for an eligible child with an IEP, ensuring the active participation of the eligible child and the eligible child's parent/legal guardian and family; working with the eligible child's IEP team to develop the IEP goals and course of action to respond to the assessed needs of the eligible child; coordinating with the eligible child's medical home.~~

~~(iii) (iii) Referral and linkage: connecting an eligible child with an IEP to individuals capable of providing needed medical, social, educational and other needed services.~~

~~(iv) (iv) Monitoring and follow-up: ensuring that the IEP is effectively implemented and adequately addresses the needs of the eligible child; conducting quality assurance reviews on behalf of the eligible child and incorporating the results of quality assurance reviews into amendments of the IEP; reviewing the progress toward goals in the IEP and making recommendation for assessment as appropriate based upon progress reviews; ensuring that services are provided in accordance with the IEP and that IEP services are effectively coordinated through communication with service providers, including the medical home.~~

~~(f) (f) Although the following list is not all-inclusive, the following activities are not allowable as targeted case management through an MSP provider:~~

~~(i) (i) Providing medical, educational, vocational, transportation, or social services to which the eligible individual has been referred.~~

~~(ii) (ii) Providing the direct delivery of foster care services.~~

~~(iii) (iii) Providing services, other than assessment services, to an eligible child who has not been determined to have a developmental disability according to section 5123.01 of the Revised Code.~~

~~(iv) (iv) Providing services to an eligible child who is on a waiver program receiving targeted case management from county boards of development disabilities (CBDD).~~

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- ~~(v) (v) Conducting quality assurance systems reviews.~~
- ~~(vi) (vi) Conducting activities related to the development, monitoring or implementation of an individual service plan (ISP) for an eligible child on a waiver.~~
- ~~(vii) (vii) Performing activities for or providing services to groups of individuals.~~
- ~~(viii) (viii) Activities performed and services provided by someone who is not an employee of or contracted with an MSP provider to provide targeted case management.~~
- ~~(ix) (ix) Activities performed and services provided by someone who is not the case manager specified in the eligible child's IEP.~~
- ~~(x) (x) Providing services for which claims are submitted through or should have been submitted through another program.~~

~~(3)~~ (2) Medical supplies and equipment:

- (a) Supplies and equipment that are medically necessary as described in rule 5160-1-01 of the Administrative Code for the care and treatment of ~~a~~ an ~~medicaid~~-eligible child with an IEP while attending school and that are necessary for the qualified practitioner, as described in rule 5160-35-05 of the Administrative Code, to perform his or her function for an eligible child.
 - (b) Claims for the cost of medical supplies and equipment are reimbursed through the cost reporting process in accordance with paragraph (K)(2) of rule 5160-35-04 of the Administrative Code.
 - (c) Unallowable: supplies and equipment furnished to an ~~medicaid~~-eligible child for use outside the school. In order to be reimbursed for supplies and equipment furnished to an eligible child for use outside the school, the school will be approved under the medicaid program as a medical supplies provider. See Chapter 5160-10 of the Administrative Code for coverage, limitation, billing, and reimbursement provisions relative to medical supplies providers.
 - (d) Claims cannot be submitted for medical supplies and equipment for which a claim was submitted or should have been submitted through another program.
- (C) The service provided is to be necessary to enable the eligible child ~~recipient~~ to access medically necessary services of the type, frequency, scope and duration that fall within the normal range of services considered under acceptable standards of medical and healing arts professional practice, as appropriate, in accordance with rule 5160-1-01 of the Administrative Code.
- (D) The eligible child's IEP is to contain the following components. ~~that, taken together and for the purposes of Chapter 5160-35 of the Administrative Code, are called the plan of care. This plan of care does~~ These IEP components do not supplant any practitioner plan of care, and will:
- (1) Be based on the initial assessment/evaluation conducted during the ~~multi factored~~-evaluation team report (ETR) as defined in rule 3301-51-01 of the Administrative Code or the subsequent assessments/evaluations and re-assessments/re-evaluations.

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- (2) Be signed by the qualified practitioner who recommends the service as a result of the assessment/evaluation, re-assessment/re-evaluation.
 - (3) Include specific services to be provided, and the amount, duration and frequency of each service.
 - (4) Include specific goals to be achieved for each service, including the level or degree of improvement expected.
 - (5) For nursing services, reference and identify the location of the prescription of a physician, and for medications, reference and identify the location of the prescription of a physician, physician assistant, or an advanced practice nurse in accordance with Ohio law.
 - ~~(5)~~ (6) Specify timelines for re-assessment/re-evaluation, which should be no more than twelve-months from the date of the initial evaluation or re-assessment, of the eligible child and updates to the ~~plan of care~~ IEP.
- (E) The eligible child's school services plan of care will contain the following components. These components do not supplant any practitioner plan of care. The school services plan of care does not supplant any state or federal processes and timelines related to identifying and serving eligible children with disabilities.
- (1) Be based on an assessment of need conducted by an authorized school district provider or community provider.
 - (2) Be signed by the authorized school district provider in accordance with rule 5160-35-02 of the Administrative Code who recommends the service as a result of the assessment of need.
 - (3) Include specific services to be used, and the amount, duration, and frequency of each service.
 - (4) Include specific goals to be achieved as a result of services provided, including the level or degree of improvement expected.
 - (5) For nursing services, reference and identify the location of the prescription of a physician, and for medications, reference and identify the location of the prescription of a physician, physician assistant, or an advanced practice nurse in accordance with Ohio law.
 - (6) Specify timelines for re-assessment, which should be no more than twelve-months from the date of the initial evaluation or re-assessment, of the eligible child and updates to the plan of care.
 - (7) Include specific criteria regarding referrals to community providers, when appropriate.
- ~~(E)~~ (F) The documentation for the provision of each service will be maintained for purposes of an audit trail. Documentation will include:
- (1) The date (i.e., day, month, and year) that the services, medical supplies ~~and/or~~ or equipment were provided.
 - (2) The full legal name of the eligible child for whom the services, medical supplies ~~and/or~~ or equipment was provided.
 - (3) A description of the services, medical supplies ~~and/or~~ or equipment provided and location where the

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services, medical supplies and/or equipment are delivered (may be in case notes or a coded system with a corresponding key).

- (4) The duration in minutes or time in/time out of the transportation ~~and/or targeted case management service provided~~. Duration in minutes is acceptable if the schedule of the person delivering the service is maintained on file.
 - (5) A description of actual progress the eligible child is making/has made toward the stated goals in the plan of care for each continuous three-month reporting period.
 - (6) The signature or initials of the person delivering the services, medical supplies ~~and/or~~ or equipment on each entry of services, medical supplies ~~and/or~~ or equipment delivery. Each documentation recording sheet will contain a legend that indicates the name (electronic, typed, or printed), title, signature, and initials of the person delivering the services, medical supplies and/or equipment to correspond with each entry's identifying signature or initials.
 - (7) A description of efforts made to coordinate services with the eligible child's ~~medical home~~ physical or behavioral health provider in accordance with the medicaid provider agreement.
- (F) ~~(G)~~ The ~~claims~~ documentation for reimbursement for services will be submitted in accordance with rule 5160-35-04 of the Administrative Code.

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5160-35-07 Services that can be provided by medicaid school program (MSP) providers to students enrolled in medicaid without a plan of care.

- (A) The purpose of this rule is to set forth the services authorized for medicaid coverage, beyond those indicated in rules 5160-35-05 and 5160-35-06 of the Administrative Code, that an MSP provider can provide, and to set forth the conditions for providing the services.
- (B) MSP providers listed in rule 5160-35-05 of the Administrative Code are authorized to provide services to eligible children without a plan of care, with sufficient documentation of medical necessity:
- (1) Physical, mental, and behavioral health screenings recognized as valid and within scope of practice by the direct service providers listed in rule 5160-35-05 of the Administrative Code and used to identify eligible children who may be at risk of experiencing physical or behavioral health conditions, and refer for services as appropriate.
 - (2) Administration of medication prescribed in accordance with paragraph (A)(11) of rule 5160-35-01 of the Administrative Code.
 - (3) Contacting the prescribing or ordering providers about prescription or treatment orders.
 - (4) Consultation with parents and providers regarding a physical, mental, or behavioral health condition or diagnosis.
 - (5) Administration of the children and adolescent strengths and needs (CANS) assessment as defined in rule 5160-59-01 of the Administrative Code for children who have not had a CANS assessment previously completed.
 - (6) Direct service activities to address tobacco prevention, cessation, and vaping.
 - (7) Screening, brief intervention, referral, and treatment (SBIRT) as defined in rule 5160-27-02 of the Administrative Code.
- (C) Services provided to an eligible child as described in this rule are subject to all provisions described in rules 5160-35-02 and 5160-35-04 of the Administrative Code.
- (D) Services provided to an eligible child as described in this rule are subject to provisions listed in paragraphs (F), (G), (H), (K), (L), and (M) of rule 5160-35-05 of the Administrative Code.
- (E) Documentation of MSP services provided to an eligible child described in this rule is subject to provisions described in paragraphs (F) of rule 5160-35-06 of the Administrative Code.