



## Ohio Administrative Code

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

Effective: January 1, 2026

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(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 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 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) 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 an 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 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 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. These IEP components do not supplant any practitioner plan of care, and will:

(1) Be based on the initial assessment/evaluation conducted during the 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.

(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. 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, 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 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 or 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 school services plan of care.

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

(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 or equipment were provided.

(2) The full legal name of the eligible child for whom the services, medical supplies or equipment was provided.

(3) A description of the services, medical supplies or equipment provided and location where the 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. 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 practitioner plan of care or the school services plan of care for each continuous three-month reporting period.

(6) The signature or initials of the person delivering the services, medical supplies or equipment on each entry of services, medical supplies 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 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 physical or behavioral health provider in accordance with the medicaid provider agreement.



(G) The documentation for reimbursement for services will be submitted in accordance with rule 5160-35-04 of the Administrative Code.