



Ohio Administrative Code

Rule 5160-46-11 Ohio home care waiver: supplemental assistive and adaptive device service.

Effective: September 22, 2025

This rule sets forth the definition of the supplemental assistive and adaptive devices service and provider requirements and specifications for the delivery of the service. Providers are also subject to the conditions of participation set forth in rule 5160-44-31 of the Administrative Code. Services are reimbursed in accordance with rule 5160-46-06 of the Administrative Code.

(A) "Supplemental adaptive and assistive device services" are medical equipment, supplies, and devices that not otherwise available through any other funding source and that are suitable to enable the individual to function with greater independence, avoid institutionalization, and reduce the need for human assistance. All supplemental adaptive and assistive device services will be prior-approved by the Ohio department of medicaid (ODM) or its designee. ODM or its designee will only approve the lowest cost alternative that meets the individual's needs as determined during the assessment process.

(1) Reimbursement for medical equipment, supplies, and devices will not exceed a combined total of ten thousand dollars within a calendar year per individual. Supplemental adaptive and assistive device services in excess of the limit can be approved by ODM or its designee when there is a documented need.

(2) Supplemental adaptive and assistive device services do not include:

- (a) Items considered by the federal food and drug administration as experimental or investigational;
- (b) Funding of down payments toward the purchase or lease of any supplemental adaptive and assistive devices;
- (c) Equipment, supplies, or services furnished in excess of what is approved in the individual's person-centered services plan (PCSP);



(d) Replacement of equipment or supplies, or repair of previously approved equipment or supplies that have been damaged as a result of perceived misuse, abuse, or negligence.

(B) In order to submit a claim for supplemental adaptive and assistive device services, the provider will:

(1) Ensure all manufacturer's rebates have been deducted before requesting reimbursement.

(2) Ensure the supplemental adaptive and assistive device was tested and is in proper working order, and is subject to warranty in accordance with industry standards.

(C) Providers of supplemental adaptive and assistive device services will maintain a clinical record for each individual they serve in a manner that protects confidentiality of these records. At a minimum, the clinical record will include:

(1) Identifying information of the individual including but not limited to name, address, age, date of birth, phone number(s), and health insurance identification numbers.

(2) The name of the individual's treating physician.

(3) A copy of the initial and all subsequent PCSP.

(4) Documentation verifying the date the supplemental adaptive and assistive device service was provided.

(D) The authorization of supplemental adaptive and assistive device services may be combined with other waiver services to meet the assessed needs of the individual. In such instances, the individual waiver service limits as described in paragraph (A)(1) of this rule still apply.

(E) Supplemental adaptive and assistive device services will be provided in accordance with the individual's person-centered services plan.