

5101:3-35-01 *Definitions*

For the purposes of Chapter 5101:3-35 of the Ohio Administrative Code, the following terms are defined as:

- (A) **At The Direction Of:** communication of a plan of care to a licensed practical nurse by a licensed physician or registered nurse 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.
- (B) **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.
- (C) **Direct Supervision:** the licensed practitioner of the healing arts must conduct face-to-face client evaluations initially and periodically thereafter, and be present with the licensed aide in the same space designated for service delivery throughout the time the licensed aide is providing service and immediately available to provide assistance and direction throughout the time the aide is performing services. Direct supervision does not mean the licensed practitioner of the healing arts must be in the same room while the aide is providing services. The availability of the licensed practitioner of the healing arts by telephone or the presence of the licensed practitioner of the healing arts somewhere in the building does not constitute direct supervision.
- (D) **Eligible Child:** a student for whom medicaid reimbursement can be sought through the medicaid school program who is enrolled in an entity defined in paragraph (B)(1) of rule 5101:3-35-02 of this rule, who is between the age of three to twenty-one, and has an individualized education program in which is indicated services that are allowable under medicaid.
- (E) **General Supervision:** the licensed practitioner of the healing arts is available, but not necessarily present in the same space designated for service delivery or on-site, to monitor the provision of service. However, if the licensed practitioner of the healing arts is not physically present in the same space designated for service delivery, he/she must be immediately available to the assistant for consultation purposes at all times. The supervision requires an interactive process and must include, but is not limited to, an initial face-to-face client evaluation and periodically thereafter, routine consult with the assistant before the assistant's initiation of any client treatment plan and/or modification of the treatment plan, and review of the following: client assessment, reassessment, treatment plan, intervention and the discontinuation of intervention, and/or treatment plan. Co-signing client documentation alone does not meet the general supervision requirements.
- (F) **Habilitation:** the process by which the staff of a facility or agency assists an individual with mental retardation or other developmental disabilities in acquiring and maintaining those life skills that enable the individual to cope more effectively with

the demands of the individual's own person and environment, and in raising the level of the individual's personal, physical, mental, social, and vocational efficiency.

- (G) IEP: the individualized education program as described in section 3323.011 of the Revised Code.
- (H) Local Education Agency: city school district, local school district, exempted village school district, as defined in sections 3311.01 to 3311.04 of the Revised Code.
- (I) Maintenance: services provided to individuals for the purpose of maintaining a level of functionality, not improvement of functionality.
- (J) Medicaid authorized prescriber: 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.
- (K) Medical Home: a physician or physician group practice with a current medicaid provider agreement or a contract with an Ohio medicaid managed care plan who serves as an ongoing source of primary care and assistance with care coordination for the patient.
- (L) Medically Necessary: skilled services recommended by a qualified licensed practitioner in accordance with rule 5101:3-35-05 and rule 5101:3-35-06 of the administrative code who is acting within the scope of his or her licensure and based on his or her professional judgment regarding medical services that are necessary for the eligible child for the diagnosis or treatment of disease, illness, or injury and without which the eligible child can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. A medically necessary service must: meet generally accepted standards of medical practice; be appropriate to the illness or injury for which it is performed as to type of service and expected outcome; be appropriate to the intensity of service and level of setting; provide unique, essential, and appropriate information when used for diagnostic purposes; be the lowest cost alternative that effectively addresses and treats the medical problem; and meet general principles regarding reimbursement for medicaid covered services found in rule 5101:3-1-02 of the Administrative Code.
- (M) MSP: the Medicaid School Program as set forth in Chapter 5101:3-35 of the Administrative Code.
- (N) MSP Provider: entity that meets the qualifications delineated in rule 5101:3-35-02 of the Administrative Code.
- (O) 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 of the healing arts practicing within the scope of their licensure.

(P) State School: school under the control and supervision of the state board of education established for students who are deaf or blind as defined by section 3325.01 of the Revised Code.

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5101:3-35-02 Qualifications To Be A Medicaid School Program (MSP) Provider

(A) The purpose of this rule is to set forth the qualifications to become and the requirements for a medicaid school program (MSP) provider.

(B) An MSP provider must:

(1) Be one of the following:

- (a) Local Education Agency (LEA); city school district, local school district, exempted village school district as defined in sections 3311.01 to 3311.04 of the Revised Code;
- (b) State school for the deaf as defined by section 3325.01 of the Revised Code;
- (c) State school for the blind as defined by section 3325.01 of the Revised Code; or
- (d) Community School as defined by Chapter 3314. of the Revised Code.

(2) Obtain and maintain a current valid Medicaid provider agreement in accordance with rule 5101:3-1-17.2 of the Administrative Code. The Medicaid provider agreement must indicate the services to be provided as well as an attestation of compliance with paragraph (B)(3) of this rule.

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

- (a) Occupational Therapist who meets qualifications to deliver services as defined by divisions (A) to (D) of section 4755.06 of the Revised Code.
- (b) Physical Therapist who meets qualifications to deliver services as defined by section 4755.42 of the Revised Code.
- (c) Speech Language Pathologist who meets qualifications to deliver services as defined by section 4753.06 of the Revised Code.
- (d) Audiologist who meets qualifications to deliver services as defined by section 4753.06 of the Revised Code.
- (e) Licensed counselor who meets qualifications to deliver services as defined by sections 4757.22 and 4757.23 of the Revised Code.
- (f) Licensed psychologist or licensed school psychologist who meets qualifications to deliver services as defined by sections 4732.12 or 4732.15 of the Revised Code.
- (g) Licensed social worker who meets qualifications to deliver services as defined by sections 4757.27 and 4757.28 of the Revised Code.
- (h) Licensed registered nurse who meets qualifications to deliver services as defined by section 4723.09 of the Revised Code.

(C) An MSP provider must ensure all employees and contractors who have in-person contact with consumers for the provision of services undergo and successfully complete criminal records checks pursuant to rules adopted under section 5111.032 of the Revised Code.

(D) An MSP provider must provide services in accordance with rules 5101:3-35-05 and 5101:3-35-06 of the Administrative Code.

(E) An MSP provider must submit claims in accordance with rule 5101:3-35-04 of the Administrative Code to receive reimbursement for the provision of services.

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5101:3-35-05 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 MSP provider can provide, and to set forth the conditions for providing the services.

(B) A MSP provider can provide skilled services. Following are the skilled services an MSP provider can 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 must be recommended by a licensed 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 Chapter 4755. Services provided by an individual holding a limited permit license are not allowable.

(b) Qualified practitioners who can deliver the services:

- i. Licensed occupational therapist who holds a current, valid license to practice occupational therapy issued under Chapter 4755 of the Revised 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 occupational therapy assistant who holds a current, valid license issued under Chapter 4755 of the Revised 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 general supervision of a licensed occupational therapist employed or contracted by the MSP provider and who has authority to direct, discipline, and recommend dismissal of the assistant.

(c) Allowable activities include:

- i. Evaluation and re-evaluation to determine the current sensory 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.

(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

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devices, for the purpose of correcting, or alleviating a disability. The physical therapy service must be recommended by a licensed physical therapist 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 therapist who holds a current, valid license to practice physical therapy issued under Chapter 4755 of the Revised 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 therapist assistant who holds a current, valid license issued under Chapter 4755 of the Revised 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 general supervision of a licensed physical therapist employed or contracted by the MSP provider and who has authority to direct, discipline, and recommend dismissal of the assistant.

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(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.

(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 must be recommended by a licensed speech-language pathologist 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.

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(b) Qualified practitioners who can deliver the services:

- i. Licensed speech-language pathologist who holds a current, valid license to practice speech-language pathology issued under Chapter 4753 of the Revised 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 pathology aide who holds a current, valid license issued under Chapter 4753 of the Revised 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 direct

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supervision of the licensed speech-language pathologist who completed, signed and submitted to the Ohio Board of Speech-Language Pathology and Audiology the Speech-language Pathology Aide Plan. The supervising speech-language pathologist must be employed or contracted by the MSP provider and have authority to direct, discipline, and recommend dismissal of the aide.

- (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.

(4) Audiology services

(a) Description: hearing exams and diagnostic tests requiring the application of principles, methods, or procedures related to hearing and the disorders of hearing. Services provided for the purpose of maintenance or habilitation are not allowable. The audiology service must be recommended by a licensed audiologist 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 who holds a current, valid license to practice audiology issued under Chapter 4753 of the Revised 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 aide holds a current, valid license issued under Chapter 4753 of the Revised 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 direct supervision of the licensed audiologist who completed, signed and submitted to the Ohio Board of Speech-Language Pathology and Audiology the Audiology Aide Plan. The supervising audiologist must be employed or contracted by the MSP provider and have authority to direct, discipline, and recommend dismissal of the aide.

(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 to address the findings of the evaluation/re-evaluation.

(5) Nursing services

(a) Description: services from a registered nurse that provides to individuals and groups nursing care as defined in Chapter 4723 of the Revised Code. And, services from a licensed practical nurse that provides to individuals and groups nursing care as defined in Chapter 4723 Revised Code. The nursing service must

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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 can deliver the services:

- i. Licensed registered nurse who holds a current, valid license issued under Chapter 4723 of the Revised 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 who holds a current, valid license issued under Chapter 4723 of the Revised 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.

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(c) Allowable activities include:

- i. Assessment/evaluation to determine the current health status of the eligible child in order to identify and facilitate provision of appropriate nursing treatment to address the findings of the assessment/evaluation.
- ii. Administering medications prescribed by a medicaid authorized prescriber.
- iii. The implementation of medical/nursing procedures/treatments prescribed by a medicaid authorized prescriber for the medicaid eligible child, which can include tube feeds, bowel and bladder care, colostomy care, catheterizations, respiratory treatment, and any other services that are prescribed by a medicaid authorized prescriber.

(6) Mental health services

(a) Description:

- 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. 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. 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.

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(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;

- 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. licensed psychologist or a licensed school psychologist who holds a current, valid license to practice psychology issued under Chapter 4732 of the Revised Code, or to practice school psychology issued under Chapter 4732 of the Revised 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.

(c) Allowable activities include:

- i. Diagnosis and rehabilitative treatment of mental and emotional disorders performed by a licensed social worker, professional counselor, or professional clinical counselor acting within his or her scope of practice under Ohio law.
- 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.
- iii. Psychological and neuropsychological testing when performed to assist in determining the possible presence of a psychological or neuropsychological disorder.
- 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), 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 IEP, and family therapy that is not as a direct benefit to the eligible child.

(7) Assessments/Evaluations

(a) Description: the initial assessment/evaluation performed as a part of one of the services listed in paragraphs (B)(1) to (B)(6) of this rule, and that is part of the multi-factored evaluation or MFE (limited to one per continuous twelve month period per child) conducted for an eligible child without an IEP or conducted for a 2 year old child with a disability to determine whether or not an IEP is appropriate, and the re-assessment/re-evaluation conducted thereafter and identified in the eligible child's IEP. The assessment/evaluation and re-

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assessment/re-evaluation must include recommendation for service (amount, scope, and duration) and be signed by the qualified practitioner who conducted the assessment/evaluation, re-assessment/re-evaluation. The development of the IEP is not allowable.

(b) Qualified practitioners who can deliver the services: one of the qualified practitioners identified in paragraph (B)(1) through paragraph (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) Although the following list is not all-inclusive, the following are not allowable:

1. Development of the IEP
2. Services provided for the purpose of maintenance or habilitation.
3. 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.
4. Health/medical screens, including mass screens provided to an eligible child with an IEP.
5. Counseling parents and teachers regarding hearing loss.
6. In-services.
7. Fittings for amplification devices, and equipment troubleshooting and/or repair.
8. Nursing services provided as a part of immunizations process.
9. Instruction on self-care that does not require the expertise of the licensed practitioner.
10. 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.
11. Services not indicated in an eligible child's IEP prior to the provision of the service with the exception of the initial assessment/evaluation as described in paragraph (B)(7) of this rule.
12. Services provided to a child who does not have a disability and a need for special education and related services.
13. Services provided on days or at times when the eligible child is not in attendance in the IEP designated school setting.
14. Services that are not provided under the appropriate supervision and/or at the appropriate direction of a licensed practitioner of the healing arts.
15. Services provided by a non-licensed person.
16. Services for which an eligible child fails to show progress toward IEP identified goals over two consecutive three-month periods and there is no documentation that the methods and/or techniques applied have been modified to improve progress.
17. Services provided as a part of the eligible child's waiver services, or as a part of services through an intermediate care facility for the mentally retarded or of a nursing facility.
18. Services and activities that are not a direct benefit to the eligible child.

- (D) In accordance with rule 5101:3-1-01 of the Administrative Code, the services provided must be medically necessary and the type, frequency, scope and duration of the services must fall within the normal range of services considered under acceptable standards of medical and healing arts professional practice, as appropriate.
- (E) 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.
- (F) The services must be listed in a plan of care that is part of the eligible child's IEP. The plan of care must:
- (1) Be based on the initial assessment/evaluation conducted during the multi-factored evaluation 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, include the prescription of a physician, and for medications, include the prescription of a physician 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 assessment/evaluation, of the eligible child and updates to the plan of care.
- (G) The documentation for the provision of each service must be maintained for purposes of supporting the delivery of the service and to provide an audit trail. Documentation must include:
- (1) The date that the activity was provided, including the year.
 - (2) The full legal name of the person 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 actual progress the eligible child is making/has made toward the stated goals in the plan of care over 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 must contain a legend that indicates the name (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 child's case file or a separate supervision log that the appropriate supervision was provided.
 - (9) A description of efforts made to coordinate services with the eligible child's medical home in accordance with the medicaid provider agreement.
- (H) The claims for reimbursement for services must be submitted in accordance with rule **5101:3-35-04** of the Administrative Code.

5101:3-35-06 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 5101:3-35-05 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 5101:3-35-05 of the Administrative Code, a MSP provider can provide the following:

(1) Specialized Medical Transportation Services:

- a. Description: The transportation service, not reimbursed through other Medicaid programs, and that is provided in accordance with the requirements for ambulette services in rule 5101:3-15-02 of the Administrative Code. The transportation service must be provided through use of a specially adapted vehicle to transport a Medicaid eligible child to and from the medicaid school provider to receive medically necessary medicaid services allowable under section 1905(a) of the Social Security Act.
- b. Qualified practitioners who can deliver the services: MSP Providers using a vehicle adapted to serve the needs of the disabled, including a specially adapted school bus.
- c. The service unit will be per trip.
- d. Unallowable: Transportation that is provided in a vehicle that has not been specially adapted to transport an eligible child with a disability, transportation that is not indicated in an eligible child's IEP, and transportation provided from home to school and from school to home is unallowable.

(2) Targeted Case Management Services (TCM):

- 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, scope and duration of the case management services, as well as the case manager responsible for providing the case management service, must be indicated in the eligible child's IEP.
- b. Qualified practitioners who can deliver the services:
 - 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. 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. An individual who has earned credit in course work equivalent to that required for a major in a specific special education area, and who is employed or contracted with the MSP provider.
 - iv. A person who is employed or contracted with the MSP provider, and who has a minimum of three (3) years personal experience in the direct care of an individual with special needs.

- c. The service unit will be 15 minutes.
- d. Targeted case management must 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 effect the provision of services.
- e. Activities under targeted case management are:
 - i. Assessment: for an eligible child with an IEP, ensuring the prescription, by a Medicaid authorized prescriber for services for which Medicaid reimbursement will 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's parent/legal guardian 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. 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. Referral and linkage: connecting an eligible child with an IEP to individuals capable of providing needed medical, social, educational and other needed services.
 - 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. Although the following list is not all-inclusive, the following activities are not allowable as targeted case management through an MSP provider:
 - i. Providing medical, educational, vocational, transportation, or social services to which the eligible individual has been referred.
 - ii. Providing the direct delivery of foster care services.
 - iii. Providing services to an eligible child who has been determined to not have a developmental disability according to section 5123.01 of the Revised Code.
 - iv. Providing services to an eligible child who is on a waiver program receiving targeted case management from county boards of Mental Retardation and Development Disabilities (MRDD).

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

(3) Medical supplies and equipment:

- a. Supplies and equipment that are medically necessary as described in rule 5101:3-1-01 of the Administrative Code for the care and treatment of a medicaid eligible child with an IEP while attending school and that are necessary for the qualified practitioner, as described in rule 5101:3-35-05 of the Administrative Code, to perform his or her function for an eligible child.
- b. Claim for the cost of medical supplies and equipment are reimbursed through the cost reporting process in accordance with paragraph (J)(2) of rule 5101:3-35-04 of the Administrative Code.
- c. Unallowable: supplies and equipment furnished to a 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 must be approved under the medicaid program as a medical supplies provider. See Chapter 5101:3-10 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 must be necessary to enable the 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 5101:3-1-01 of the Administrative Code.

(D) The services must be listed in a plan of care that is part of the eligible child's IEP. The plan of care must:

- (1) Be based on the initial assessment/evaluation conducted during the multi-factored evaluation 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.
 - (5) Include the prescription for services by the medicaid authorized prescriber, as applicable.
 - (6) Specify timelines for re-assessment/re-evaluation of the eligible child and updates to the plan of care.
- (E) The documentation for the provision of each service must be maintained for purposes of an audit trail. Documentation must include:
- (1) The date that the activity was provided, including the year.
 - (2) The full legal name of the person for whom the activity was provided.
 - (3) A description of the activity provided and location where the activity is 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 activity 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 over each continuous three-month reporting period.
 - (6) The signature or initials of the person delivering the service on each entry of service delivery. Each documentation recording sheet must contain a legend that indicates the name (typed or printed), title, signature, and initials of the person delivering the service 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 in accordance with the medicaid provider agreement.
- (F) The claims for reimbursement for services must be submitted in accordance with rule **5101:3-35-04** of the Administrative Code.

5101:3-35-04 Reimbursement for Services provided By Medicaid School Program (MSP) Providers

(A) The purpose of this rule is to set forth the provisions for claiming to receive medicaid reimbursement for the provision of services by medicaid school program (MSP) providers as defined in chapter 5101:3-35 of the Administrative Code.

(B) Covered services provided through MSP providers that are allowable for medicaid reimbursement are listed in the appendix to this rule and are provided in accordance with Chapter 5101:3-35 of the Administrative Code. The following limits apply:

- (1) Assessment/evaluation services cannot be billed more than once per continuous twelve month period.
- (2) Re-assessment/re-evaluation services cannot be billed more than once per continuous six-month period.
- (3) Skilled services cannot be billed for dates of service beyond twelve months of the initial assessment/evaluation or re-assessment/re-evaluation.

(C) Medically necessary services for individuals under age twenty-one that go beyond the coverage and limitations established in this rule must be:

- (1) prior authorized by the department in accordance with rule 5101:3-1-31 of the Administrative Code; and
- (2) services defined as medical assistance in accordance with section 1905(a) of the Social Security Act, 42 U.S.C 1396(a).

(D) The following conditions must be met in order to receive medicaid reimbursement for services provided through the medicaid school program on or after the effective date of this rule:

- (1) The school district must be a qualified MSP provider in accordance with rule 5101:3-35-02 of the Administrative Code.
- (2) The MSP provider must submit claims for reimbursement for only those services for which it has statutory responsibility to provide to either an eligible child or for assessment/evaluation for a medicaid eligible child for whom they are trying to determine the appropriateness of developing an IEP.
- (3) The executive officer of the MSP provider or his/her designee must attest to the validity of the non-federal share of expenditures in accordance with paragraph G of this rule.

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- (4) The service provided through the MSP provider must be provided by or under the direction of a licensed practitioner of the healing arts and provided in accordance with rule [5101:3-35-05](#) and rule [5101:3-35-06](#) of the Administrative Code.
- (5) The service for which reimbursement is sought must be one clearly identified in the Individualized Education Program (IEP) of an eligible child, with the exception of the initial assessment/evaluation as described in paragraph (B)(7) of rule 5101:3-35-05.

(E) The MSP provider is required to enroll and submit claims as an ODJFS electronic data interchange (EDI) trading partner or contract with an ODJFS EDI trading partner for the submission of claims to ODJFS.

(F) Claims must be submitted in accordance with rule [5101:3-1-02](#) of the Administrative Code.

(G) When a Medicaid claim is submitted through an EDI trading partner, the claim must include a 10 character code that is the first item listed in the NTE02 field, and that is an attestation of whether or not the claim is certified by the executive officer of the MSP provider or his/her designee as follows:

- (1) **ATTEST YES:** Used if the claim is certified by the executive officer of the MSP provider or his/her designee to only include expenditures under the Medicaid program under Title XIX of the Social Security Act (the Act), and as applicable, under the State Children's Health Insurance Program (SCHIP), under Title XXI of the Act, that are allowable in accordance with applicable implementing federal, state, and local statutes, regulations, and policies, and the state plan approved by the Secretary of Health and Human Services and in effect at the time of the submission of this claim; and the expenditures included in the claim are based on the MSP provider's accounting of actual recorded expenditures; and the required amount of local public funds were available and used to match the MSP provider's (local public school district's) allowable expenditures included in this claim, and such local public funds were in accordance with all applicable federal requirements for the non-federal share match of expenditures; and federal matching funds are not being claimed in this claim submission to match any expenditure under any Medicaid and/or SCHIP state plan amendment that has not been approved by the Secretary of Health and Human Services effective for the period of this claim.
- (2) **ATTEST NAY:** Used if the claim is NOT certified by the executive officer of the MSP provider or his/her designee to only include expenditures under the Medicaid program under Title XIX of the Social Security Act (the Act), and as applicable, under the State Children's Health Insurance Program (SCHIP), under Title XXI of the Act, that are allowable in accordance with applicable implementing federal, state, and local statutes, regulations, and policies, and the state plan approved by the Secretary of Health and Human Services and in effect at the time of the submission of this claim; and the expenditures included in the

claim are based on the MSP provider's accounting of actual recorded expenditures; and the required amount of local public funds were available and used to match the MSP provider's (local public school district's) allowable expenditures included in this claim, and such local public funds were in accordance with all applicable federal requirements for the non-federal share match of expenditures; and federal matching funds are not being claimed in this claim submission to match any expenditure under any Medicaid and/or SCHIP state plan amendment that has not been approved by the Secretary of Health and Human Services effective for the period of this claim. If ATTEST NAY is used, the claim will be denied for payment.

(H) With the exception of claims for costs incurred prior to the approval date of the MSP by the Centers for Medicare and Medicaid Services, claim submissions must be received by ODJFS within three-hundred sixty-five days of the actual date the service was provided. All claims must be submitted using only the EDI billing method as defined by rule 5101:3-1-19.3 of the Administrative Code.

(I) References to cartridge tape, paper claim and pharmacy-point-of-sale in rule 5101:3-1-19.3 of the Administrative Code are not applicable to the claim and will not be allowed.

(J) A billing unit for a service code reported in minutes is as indicated in the appendix to this rule, and claims must be for minutes of actual service delivery time. The number of units is equivalent to the total number of minutes of each type of service, as distinguished by service codes, provided during the school or calendar day to the eligible child, divided by the number of minutes identified for the service code. One additional unit of service may be added to this quotient if the remainder equals eight or more minutes for service codes with a 15 minute billing unit.

(K) The following applies to medicaid reimbursement:

- (1) Interim Payments. ODJFS will reimburse the MSP provider interim payments. The interim payments will be the federal financial participation (FFP) portion of the lesser of the billed charge (not to exceed the usual and customary charge) or the medicaid maximum according to the department's procedure code reference files for the particular services performed.
- (2) Cost Reports. Each MSP provider will complete the Medicaid School Based Cost Report no later than 4 months after the end of the fiscal year and forward it to ODJFS. All costs are to be certified by the MSP provider and will be used to determine reconciliation and final settlement amounts. ODJFS will desk review a/or audit the cost report for each MSP provider and determine the actual, allowable cost. ODJFS may conduct additional desk or field audit up to three years after the fiscal year end based on risk assessment criteria developed by ODJFS.

- (3) Final cost settlement and reconciliation. The ODJFS will reconcile the federal financial participation (FFP) identified in the cost report against the interim payments made by ODJFS to the MSP provider and issue a notice of reconciliation that denotes the amount due to or from the MSP provider. ODJFS will review this notice of reconciliation and certify for payment. An overpayment determined as a result of this annual reconciliation to actual cost will be collected from the MSP provider by ODJFS. An underpayment determined as a result of this annual reconciliation to actual cost will be paid to the MSP provider by ODJFS.
- (4) The provider will accept reimbursement for all covered services as payment in full with limitations as set forth in accordance with rule 5101:3-1-60 of the Administrative Code.
- (5) The MSP providers will comply with all applicable federal and state rules, including but not limited to 45 CFR 92, 45 CFR 74, Chapters 5101:3-1 and 5101:3-35 of the Administrative Code, CMS Publication 15-1, and the terms and conditions set forth within the provider agreement.

(L) Records must be maintained by providers in accordance with rule 5101:3-1-27 of the Administrative Code. Records necessary to fully disclose the extent of services provided and costs associated with these services must be maintained for a period of six years from the date of receipt of payment based upon those records or until any initiated audit, review, investigation or other activities are completed and appropriately resolved, whichever is longer. Records shall be made available upon request to ODJFS, the U.S. Department of Health and Human Services. Failure to supply requested records, documentation and/or information as indicated in this rule may result in no payment for outstanding services or other legal recourse.

(M) State monitoring: ODJFS or its designee may conduct audits, reviews, investigations, or any other activities necessary to assure a Medicaid School Program provider, its subgrantee(s) or subcontractor(s) are compliant with federal and state requirements. Based on the results of an audit, review, investigation or other activities, ODJFS may seek legal recourse, including but not limited to, recoupment of funding related to overpayments, misuse, fraud waste or abuse or noncompliance with federal or state requirements from the Medicaid School Provider.

DRAFT

**APPENDIX
OHIO MEDICAID SCHOOL PROGRAM
CPT CODE ASSIGNMENTS**

Code	Service	Description	
90804	MH	Individual psychotherapy; insight oriented, behaviour modifying and/or supportive; office; face-to-face; 20-30 minutes	\$36.69
90806	MH	Individual psychotherapy; insight oriented, behaviour modifying and/or supportive; office; face-to-face; 45-50 minutes	\$57.10
90810	MH	Individual Interactive psychotherapy, office; face-to-face; 20-30 min	\$45.28
90812	MH	Individual Interactive psychotherapy, office, face-to-face; 45-50 minutes	\$61.71
90846	MH	Family psychotherapy (without the patient present); each	\$55.86
90847	MH	Family psychotherapy (with the patient present); each	\$63.39
90853	MH	Group psychotherapy (other than of a multiple-family group); each	\$27.88
92506	SLP, Aud	Evaluation of speech, language, voice, communication, and/or auditory processing; each	\$81.68
92507	SLP, Aud	Treatment of speech, language, voice, communication, and/or auditory processing disorder, individual; each	\$57.23
92508	SLP, Aud	Treatment of speech, language, voice, communication, and/or auditory processing disorder, Group Therapy of 2 or more; each	\$30.43
92630	SLP, Aud	auditory rehabilitation, prelingual hearing loss; each	\$20.61
92633	SLP, Aud	auditory rehabilitation, postlingual hearing loss; each	\$20.61
92551	SLP, Aud, Nurse	Screening test, pure tone; air only (hearing screen); each	\$10.26
92552	Aud	Pure tone audiometry (threshold); air only; each	\$19.56
92555	Aud	Speech audiometry threshold; each	\$13.23
92557	Aud	Comprehensive audiometry threshold evaluation and speech recognition; each	\$47.82
92567	Aud, Nurse	Tympanometry (impedance testing); each	\$28.26
96101	MH	Psychological testing; with face-to-face, interpretation and report; per hour	\$64.21
96110	MH	Developmental testing, limited, with face-to-face, interpretation and report; each	\$50.00
96111	MH	Developmental testing, extended, with face-to-face, interpretation and report; each	\$50.00
96116	MH	Neurobehavioral status exam; with face-to-face, interpretation and report; each	\$54.32
96118	MH	Neuropsychological testing; with face-to-face, interpretation and report; each	\$78.31
96150	MH	Health and behavior assessment (eg, health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires); face-to-face with the patient; initial assessment; 15 minutes	\$23.08
96151	MH	Health and behavior assessment (eg, health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires); face-to-face with the patient; reassessment; 15 minutes	\$22.32
96152	MH	Health and behavior intervention; face-to-face; individual; 15 minutes	\$21.21
96153	MH	Health and behavior intervention; face-to-face; group (2 or more patients); 15 minutes	\$5.19
97001	PT	Physical Therapy evaluation, each	\$45.65

97002	PT	Physical Therapy re-evaluation, each	\$28.26
97003	OT	Occupational Therapy evaluation, each	\$54.76
97004	OT	Occupational Therapy re-evaluation, each	\$35.20
97012	OT, PT	Traction, mechanical; each	\$17.14
97016	OT, PT	Vasopneumatic devices; each	\$15.89
97032	OT, PT	Electrical stimulation (manual) application of a modality to one or more areas; direct (one-on-one) contact; 15 minutes	\$18.63
97110	OT, PT	Therapeutic procedure, one or more areas; therapeutic exercises to develop strength and endurance, range of motion and flexibility; direct (one-on-one) contact; 15 minutes	\$16.95
97112	OT, PT	Neuromuscular re-education of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities; direct (one-on-one) contact; 15 minutes	\$18.50
97113	OT, PT	Aquatic therapy with therapeutic exercises; direct (one-on-one) contact; 15 minutes	\$18.11
97116	OT, PT	Gait training, includes stair climbing; direct (one-on-one) contact; 15 minutes	\$16.43
97124	OT, PT	Massage therapy; direct (one-on-one) contact; 15 minutes	\$15.02
97140	OT, PT	Manual therapy techniques, one or more regions; direct (one-on-one) contact; 15 minutes	\$14.13
97760	OT, PT	Orthotic management and training, upper and/or lower extremity(s), and or trunk; 15 minutes	\$38.36
97761	OT, PT	Prosthetic training, upper and/or lower extremity(s); 15 minutes	\$38.36
97530	OT, PT	Therapeutic activities, direct (one-on-one) contact (use of dynamic activities to improve functional performance); 15 minutes	\$17.75
97532	OT, PT	Cognitive skills development of improve attention, memory, problem solving; direct (one-on-one) contact; 15 minutes	\$20.20
97533	OT, PT	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands; direct (one-on-one) contact; 15 minutes.	\$22.04
97150	OT, PT	Therapeutic procedures; group of 2 or more, with constant attendance; to be reported for each member of group; 15 minutes	\$19.21
T2003	Transport	Non-emergency transportation: encounter/trip	\$5.20
H0004	MH	Behavioral health counseling and therapy; 15 minutes	\$11.25
H0031	MH	Mental health assessment, by Non-physician; each	\$48.50
T1001	Nursing	Nursing assessment/evaluation , each	\$11.25
T1002	Nursing	RN services; 15 minutes	\$11.25
T1003	Nursing	LPN/LVN services; 15 minutes	\$9.56
T1017	TCM	Targeted Case Management; 15 minutes	\$10.56