



Ohio Administrative Code

Rule 173-39-01 Provider certification: introduction and definitions.

Effective: November 1, 2025

(A) Introduction:

(1) This chapter establishes the requirements for providers to become, and to remain, certified by AGE, compliance reviews of certified providers, and disciplinary actions that may be imposed on certified providers.

(2) Rule 5160-58-04 of the Administrative Code establishes requirements for providers of services to individuals in the mycare Ohio program to comply with many of the requirements in this chapter.

(B) Definitions for this chapter:

"Activity of daily living" (ADL) has the same meaning as in rule 5160-3-05 of the Administrative Code.

"Activity plan" means a description of interventions and the schedule for when to provide those interventions.

"ADS" has the same meaning as in rule 173-39-02.1 of the Administrative Code.

"AGE" means the Ohio department of aging.

"Agency provider" means a legally-organized entity that employs staff, with the exception of an assisted living provider.

"AGE's designee" means an entity to which AGE delegates one or more of its administrative duties. AGE's current designees include the area agencies on aging as defined in rule 173-2-01 of the Administrative Code and "Catholic Social Services of the Miami Valley." When "its designee" occurs after "AGE," it means "AGE's designee."



"Assistance with self-administration of medication" has the same meaning as in paragraph (C) of rule 4723-13-02 of the Administrative Code when an unlicensed person provides the assistance.

"Assisted living provider" means a licensed residential care facility.

"Business day" means any day that is not a Saturday, Sunday, or legal holiday under section 1.14 of the Revised Code.

"Business site" includes any location at which the provider retains records or provides services.

"Business site" does not include the home of an individual receiving services unless the individual employs a participant-directed provider.

"Caregiver" means a relative, friend, or significant other who voluntarily provides assistance to the individual and is responsible for the individual's care on a continuing basis.

"Case manager" means a registered or licensed person that AGE's designee employs to plan, coordinate, monitor, evaluate, and authorize services for individuals enrolled in AGE-administered programs.

"Certification" means AGE's approval of a provider to provide one or more of the services that this chapter regulates.

"Certified provider" means a provider certified by AGE according to this chapter.

"CMS" means centers for medicare and medicaid services.

"Competency evaluation" includes both standardized testing (whether written or electronic) and skills testing by return demonstration to ensure an applicant or employee is able to address the care needs of the individual to be served.

"Complete application" means the application and all records necessary to comply with rule 173-39-03 of the Administrative Code, and if applicable, rule 173-39-03.1, 173-39-03.2, 173-39-03.3, or



173-39-03.4 of the Administrative Code. Although AGE cannot approve an application to become a certified assisted living provider unless the RCF is licensed, the application is a complete application if the provider indicates in its application that it applied for a RCF license and the provider provides the necessary RCF licensure information to AGE as soon as it is available.

"Current owner" means a person with an ownership interest in a certified provider whose interest in the provider is being sold or transferred.

"Dietitian" and "licensed dietitian" mean a person with a current, valid license to practice dietetics under section 4759.06 of the Revised Code. "Dietitian" and "licensed dietitian" include a licensed dietitian with "compact privilege" and an "unencumbered license" from another "member state," as those terms are defined in section 4759.30 of the Revised Code.

"Electronic record" has the same meaning as in section 1306.01 of the Revised Code. For a health care record, "electronic record" has the same meaning as in section 3701.75 of the Revised Code.

"Electronic signature" has the same meaning as in section 1306.01 of the Revised Code. If attached to, or associated with, a health care record, "electronic signature" has the same meaning as in section 3701.75 of the Revised Code.

"Electronic visit verification" (EVV) means using an ODM-approved EVV system to verify the provision of a service pursuant to Chapter 5160-32 of the Administrative Code.

"Emergency contact person" means a person the individual or caregiver wants the provider to contact in the event of an emergency to inform the person about the nature of the emergency.

"HCBS" means home and community-based services.

"Health care record" has the same meaning as in section 3701.75 of the Revised Code. Examples of a health care record are a plan of treatment or diet order received from a licensed healthcare professional.

"HHS" means the United States department of health and human services.



"Individual" has the same meaning in rule 5160-31-02 of the Administrative Code.

"Instrumental activity of daily living" (IADL) has the same meaning as in rule 5160-3-05 of the Administrative Code.

"Licensed healthcare professional" includes a physician with an "expedited license," as defined in section 4731.11 of the Revised Code; or a licensed audiologist, occupational therapist, occupational therapy assistant, physical therapist, physical therapy assistant, or speech-language pathologist from another state with "compact privilege," as defined in section 4753.17, 4755.14, or 4755.57 of the Revised Code, or an RN or LPN with a "multistate license" from another state with "multistate licensure privilege," as those terms are defined in section 4723.11 of the Revised Code.

"Licensed practical nurse" (LPN) has the same meaning as in divisions (E) and (F) of section 4723.01 of the Revised Code and includes a licensed practical nurse with a "multistate license" from another state with "multistate licensure privilege," as those terms are defined in section 4723.11 of the Revised Code.

"Medicaid-provider agreement" means an agreement between ODM and the provider.

"Medicaid provider number" means a number ODM issued to a provider with whom ODM has entered into a medicaid-provider agreement.

"National provider identifier" (NPI) means a number issued to a provider by HHS.

"Non-agency provider" (i.e., "self-employed provider") means a legally-organized entity that is owned and controlled by one self-employed person who does not employ, either directly or through a contract, anyone else to provide services, and who is unsupervised. A non-agency provider is not a participant-directed provider. (See the definition of "participant-directed provider" in this rule.)

"Nursing facility" has the same meaning as in section 5165.01 of the Revised Code.

"ODA" means the Ohio department of aging.



"ODA-certified provider" means a provider certified by AGE according to this chapter.

"ODA's designee" means an entity to which AGE delegates one or more of its administrative duties. AGE's current designees include the area agencies on aging as defined in rule 173-2-01 of the Administrative Code and "Catholic Social Services of the Miami Valley." When "its designee" occurs after "ODA," it means "ODA's designee."

"ODH" means the Ohio department of health.

"ODM" means the Ohio department of medicaid.

"Ownership interest" means direct ownership interest totaling five per cent or more in the provider, indirect ownership interest equal to five percent or more in the provider, a combination of direct and indirect ownership interest equal to five per cent or more in the provider; or an interest of five per cent or more in any mortgage, deed of trust, note, or other obligation if that interest equals at least five per cent of the value of the property or assets of the provider.

"Participant-directed provider" means a person that an individual (participant) directly employs and supervises to provide a service.

"PCA" means "personal care aide."

"Person-centered services plan" means the person-centered planning in rule 5160-44-02 of the Administrative Code.

"PIMS" means "PASSPORT Information Management System" or the system that replaces PIMS.

"Plan of treatment" means the orders of a licensed healthcare professional whose scope of practice includes making plans of treatment.

"Provider" has the same meaning as in section 173.39 of the Revised Code. AGE certifies the following categories: agency provider, assisted living provider, non-agency provider, and



participant-directed provider.

"Provider agreement" means an agreement between AGE's designee and the provider.

"Region" means a distinct geographic area in which AGE's designee provides administrative functions for this chapter and the PASSPORT and assisted living programs. Each region consists of the counties assigned to similarly-numbered planning and service areas (PSAs) in rule 173-2-02 of the Administrative Code, except for "PSA2." In that PSA, Clark, Greene, and Montgomery counties comprise "Region 2" and Champaign, Darke, Logan, Miami, Preble, and Shelby counties comprise "Region CSS."

"Registered nurse" (RN) has the same meaning as in section 4723.01 of the Revised Code and includes a registered nurse with a "multistate license" from another state with "multistate licensure privilege," as those terms are defined in section 4723.11 of the Revised Code.

"Residential care facility" (RCF) has the same meaning as in section 3721.01 of the Revised Code.

"Services" has the same meaning as "community-based long-term care services" in section 173.39 of the Revised Code.

"Significant change" means a variation in the health, care, or needs of an individual that warrants further evaluation to determine if changes to the type, amount, or scope of services are needed. Significant changes include differences in health status, caregiver status, residence, service location, service delivery, hospitalization, and emergency department visits that result in the individual not receiving services for thirty days.

"Unique identifier" means an item belonging to a specific individual, caregiver, driver (in the case of rule 173-39-02.18 of the Administrative Code), participant-directed provider (in the case of rule 173-39-02.4 of the Administrative Code), aide (in the case of rule 173-39-02.8 of the Administrative Code), or PCA (in the case of rule 173-39-02.11 or 173-39-02.20 of the Administrative Code) that identifies only that individual, caregiver, driver, provider, aide, or PCA. Examples of a unique identifier are a handwritten or electronic signature or initials, fingerprint, mark, stamp, password, barcode, or swipe card. An individual, caregiver, driver, participant-directed provider, aide, or PCA



offers their unique identifier as an attestation that the provider, or the provider's staff, completed an activity or unit of service.

"Vocational program" means a planned series, or a sequence of courses or modules, that incorporate challenging, academic education and rigorous, performance-based training to prepare participants for success in a particular health care career or occupation.