



Ohio Administrative Code Rule 5160-2-01 Eligible providers.

Effective: July 1, 2017

(A) All hospitals, except those excluded in paragraphs (A)(1) and (A)(2) of this rule, that meet medicare (Title XVIII) conditions of participation as described in 42 C.F.R 482 effective as of October 1, 2016, are eligible to participate in the Ohio medicaid (Title XIX) program upon execution of a provider agreement. Also considered to be eligible is a hospital that is currently determined to meet the requirements for Title XVIII participation and has in effect a hospital utilization review plan applicable to all patients who receive medical assistance under Title XIX. The following hospitals are excluded from participation:

(1) Tuberculosis hospitals, and

(2) Hospitals that have fifty per cent or more of their beds registered pursuant to Chapter 3701-59 of the Administrative Code as alcohol and/or drug abuse rehabilitation beds, and have no beds licensed as psychiatric beds pursuant to Chapter 5122-14 of the Administrative Code.

(B) Freestanding psychiatric hospitals with more than sixteen beds may provide inpatient psychiatric services in accordance with paragraphs (B)(1) to (B)(4) of this rule:

(1) For recipients age sixty-five or older, hospitals shall operate pursuant to the provisions of 42 C.F.R. 441 subpart C effective as of October 1, 2016.

(2) For recipients under age twenty-one, hospitals shall operate pursuant to the provisions of 42 C.F.R. 441 subpart D effective as of October 1, 2016.

(3) For recipients age twenty-one or older, but under age sixty-five, hospitals shall operate pursuant to the provisions of 42 C.F.R. 482 subpart E effective as of October 1, 2016.

(4) In the case of a recipient under age twenty-two, the hospital shall provide services before the recipient reaches age twenty-one or, if the recipient was receiving services immediately before he or



she reached age twenty-one, before the earlier of the following:

(a) The date he or she no longer requires the services; or

(b) The date he or she reaches age twenty-two.

(C) Ohio medicaid will not reimburse freestanding psychiatric hospitals with more than sixteen beds for inpatient psychiatric services rendered to recipients age twenty-one or older, but under age sixty-five, except in accordance with the provisions of 42 C.F.R. 438.6(e) effective as of October 1, 2016.

(D) Freestanding psychiatric hospitals with sixteen or fewer beds may provide inpatient psychiatric services to recipients of any age and shall operate pursuant to the provisions of 42 C.F.R. 482 subpart E effective as of October 1, 2016.