



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

Effective: February 9, 2026

(A) All hospitals, except those excluded in paragraph (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, 2025, are eligible to participate in the Ohio medicaid (Title XIX) program upon execution of a provider agreement.

(1) The following hospitals are also considered to be eligible:

(a) Hospitals that are currently determined to meet the established criteria for Title XVIII participation and have in effect a hospital utilization review plan applicable to all patients who receive medical assistance under Title XIX;

(b) Rural emergency hospitals that operate pursuant to the provisions of 42 C.F.R. 485 subpart E, effective October 1, 2025, and;

(c) Critical access hospitals that operate pursuant to the provisions of 42 C.F.R. 485 subpart F, effective October 1, 2025.

(2) The following hospitals are excluded from participation:

(a) Tuberculosis hospitals, and;

(b) Hospitals that have fifty per cent or more of their beds registered pursuant to Chapter 3701-59 of the Administrative Code as alcohol 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 as follows:



- (1) For individuals aged sixty-five or older, hospitals will operate pursuant to the provisions of 42 C.F.R. 441 subpart C, effective as of October 1, 2025.

- (2) For individuals under age twenty-one, hospitals will operate pursuant to the provisions of 42 C.F.R. 441 subpart D, effective as of October 1, 2025.

- (3) For individuals aged twenty-one or older, but under age sixty-five, hospitals will operate pursuant to the provisions of 42 C.F.R. 482 subpart E, effective as of October 1, 2025.

- (4) In the case of an individual under age twenty-two, the hospital will provide services before the individual reaches age twenty-one or, if the individual was receiving services immediately before they reached age twenty-one, then before the earlier of the following:
 - (a) The date the individual no longer needs the services; or

 - (b) The date the individual reaches age twenty-two.

- (C) Ohio medicaid will not reimburse freestanding psychiatric hospitals with more than sixteen beds for inpatient psychiatric services rendered to individuals aged 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, 2025.

- (D) Freestanding psychiatric hospitals with sixteen or fewer beds may provide inpatient psychiatric services to individuals of any age and will operate pursuant to the provisions of 42 C.F.R. 482 subpart E, effective as of October 1, 2025.