



## Ohio Administrative Code Rule 5160-21-06 Family connects.

Effective: July 1, 2025

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(A) Unless otherwise noted, any limitations or conditions specified in the Revised Code or in agency 5160 of the Administrative Code apply to services addressed in this rule.

(B) Definitions applied to this rule.

(1) "Eligible provider" has the same meaning as defined in rule 5160-1-17 of the Administrative Code.

(2) "Family connects" is an evidence-based home visiting model that provides treatment, education, home visits, and training to a postpartum individual to facilitate better birth outcomes and to improve child health and development. family connects comprises of the following services performed within the scope of the practitioner:

(a) Training in pediatric care;

(b) Nursing examinations, which focus on assessment of social determinants of health, on education, and on emotional support;

(c) Health education;

(d) Maternal depression screening; and

(e) Lactation counseling.

(3) "Registered nurse (RN)" has the same meaning as in Chapter 4723. of the Revised Code.

(C) Providers.



(1) Rendering provider. The following eligible provider may render a covered family connects service: A RN who is a home visitor as defined in rule 5180-8-01 of the Administrative Code.

(2) Billing ("pay-to") provider. The following eligible providers may receive medicaid payment for submitting a claim for a covered family connects service:

(a) An ambulatory health care clinic as defined in Chapter 5160-13 of the Administrative Code;

(b) A federally qualified health center (FQHC);

(c) A rural health clinic (RHC); or

(d) A professional medical group.

(D) Coverage.

(1) Payment may be made only for a family connects service for which the following criteria are met:

(a) The service is medically necessary in accordance with rule 5160-1-01 of the Administrative Code;

(b) The individual is not currently receiving another service that substantially duplicates a nurse home visiting service.

(2) For a family connects service, the practitioner order specified in rule 5160-1-17 of the Administrative Code is waived.

(3) Payment may be made for a total of three visits.

(E) Claim payment.

(1) For a covered family connects service rendered at an FQHC or RHC, payment is made in



accordance with Chapter 5160-28 of the Administrative Code.

(2) For a covered family connects service rendered at any other valid place of service, payment is the lesser of the provider's submitted charge or the maximum amount specified in appendix DD to rule 5160-1-60 of the Administrative Code.