



Mark Flanders
Director

Ohio Legislative Service Commission

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September 17, 2013

Michael Colbert, Director
Ohio Department of Job and Family Services
30 East Broad Street, 32nd floor
Columbus, OH 43215

John McCarthy, Director
Ohio Department of Medicaid
50 West Town Street, Suite 400
Columbus, OH 43215

Dear Directors Colbert and McCarthy:

As you know, Am. Sub. H.B. 59 of the 130th General Assembly created the Department of Medicaid. Section 323.10.70 of that act authorizes the Director of the Legislative Service Commission, on and after October 1, 2013, to "renumber the rules of the Office of Medical Assistance within the Department of Job and Family Services to reflect its transfer to the Department of Medicaid."

This is to notify you that, pursuant to that grant of authority, the Director of the Legislative Service Commission (LSC) hereby renumbers the administrative rules listed in the attached table effective October 1, 2013.

Please make the necessary changes to your records. If you have any questions regarding this matter, please contact LSC Attorney Julie Hartzell at (614) 387-6117 or jhartzell@lsc.state.oh.us.

Sincerely,

A handwritten signature in cursive script that reads "Mark Flanders".

Mark Flanders
Director

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cc: The Honorable Jon Husted, Ohio Secretary of State
Michael Lynch, Ohio Department of Job and Family Services
Trudy Rammon, Ohio Department of Job and Family Services
Jim Tassie, Ohio Department of Medicaid
Jenelle Donovan-Lyle, Ohio Department of Medicaid
Larry Wolpert, Joint Committee on Agency Rule Review
Julie Hartzell, LSC
Dave Harriman, Lawriter

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RULES RENUMBERED PURSUANT TO AM. SUB. H.B. 59

RULE TAGLINE	CURRENT NUMBER	NEW NUMBER
Medicaid: definitions.	5101:1-37-01	5160:1-1-01
Medicaid: safeguarding and releasing information.	5101:1-37-01.1	5160:1-1-01.1
Medicaid: income and eligibility verification system (IEVS).	5101:1-37-03.1	5160:1-1-03.1
Medicaid: replacement checks.	5101:1-37-04	5160:1-1-04
Medicaid: restrictions on payment for services.	5101:1-37-20	5160:1-1-20
Medicaid: individual and administrative agency responsibilities.	5101:1-38-01	5160:1-2-01
Medicaid: application, determination, and redetermination processes.	5101:1-38-01.2	5160:1-2-01.2
Medicaid: certificate of creditable coverage and privacy notice.	5101:1-38-01.5	5160:1-2-01.5
Medicaid: application for home and community-based (HCB) services.	5101:1-38-01.6	5160:1-2-01.6
Medicaid: assisting individuals unable to access verifications due to a physical or mental impairment.	5101:1-38-01.7	5160:1-2-01.7
Medicaid: conditions of eligibility for each applicant or recipient.	5101:1-38-01.8	5160:1-2-01.8
Medicaid: income, exemptions, and disregards.	5101:1-38-01.9	5160:1-2-01.9
Medicaid: United States (U.S.) citizenship documentation.	5101:1-38-02	5160:1-2-02
Medicaid: qualified aliens.	5101:1-38-02.3	5160:1-2-02.3
Medicare: buy-in.	5101:1-38-03	5160:1-2-03
Medicaid: outstationing workers at disproportionate share hospitals and federally qualified health centers.	5101:1-38-04	5160:1-2-04
County JFS responsibilities regarding healthchek (early and periodic screening, diagnostic and treatment services).	5101:1-38-05	5160:1-2-05
Medicaid: pregnancy related services (PRS).	5101:1-38-06	5160:1-2-06
Medicaid estate recovery.	5101:1-38-10	5160:1-2-10
Medicaid: treatment of qualified long-term care insurance policies.	5101:1-38-11	5160:1-2-11
Medicaid consumer fraud and erroneous payments.	5101:1-38-20	5160:1-2-20
Medicaid: continuous eligibility for children younger than age nineteen.	5101:1-38-30	5160:1-2-30
Medicaid: presumptive eligibility for children younger than age nineteen.	5101:1-38-40	5160:1-2-40

RULES RENUMBERED PURSUANT TO AM. SUB. H.B. 59

RULE TAGLINE	CURRENT NUMBER	NEW NUMBER
Medicaid: presumptive eligibility for pregnant women.	5101:1-38-50	5160:1-2-50
Medicare premium assistance programs (MPAP).	5101:1-39-01.1	5160:1-3-01.1
Medicare: qualified disabled and working individuals (QDWI).	5101:1-39-01.2	5160:1-3-01.2
Medicaid: grandfathering provisions resulting from the implementation of the supplemental security income (SSI) program.	5101:1-39-02	5160:1-3-02
Medicaid: treatment of social security payments made to certain persons who are made ineligible for SSI due to such payments.	5101:1-39-02.1	5160:1-3-02.1
Medicaid: continuing care communities, life care communities, and philanthropic long-term care facilities.	5101:1-39-02.2	5160:1-3-02.2
Medicaid: SSI recipients qualifying under section 1619 of the Social Security Act for continued Medicaid coverage.	5101:1-39-02.3	5160:1-3-02.3
Medicaid: limiting physical factor.	5101:1-39-03	5160:1-3-03
Medicaid: continued Medicaid coverage for children who lost their eligibility for supplemental security income (SSI) due to a change in the disability determination.	5101:1-39-03.4	5160:1-3-03.4
Medicaid: living arrangement requirement.	5101:1-39-04	5160:1-3-04
Medicaid: resource requirement.	5101:1-39-05	5160:1-3-05
Medicaid: social security administration reporting alleged transfer of resources by supplemental security income (SSI) applicants to the Ohio Department of Job and Family Services (ODJFS).	5101:1-39-06	5160:1-3-06
Medicaid: transfer of resources.	5101:1-39-07	5160:1-3-07
Medicaid: disposal of resources for Ohio Department of Mental Retardation and Developmental Disabilities and/or Ohio Department of Mental Health assistance groups.	5101:1-39-07.1	5160:1-3-07.1
Medicaid: income.	5101:1-39-08	5160:1-3-08
Medicaid: eligibility through the spenddown process.	5101:1-39-10	5160:1-3-10
Medicaid: eligibility for persons living in state institutions for the mentally ill and mentally retarded.	5101:1-39-11	5160:1-3-11
Medicaid: information sharing with long term care facility (LTCF) providers.	5101:1-39-12.2	5160:1-3-12.2
Medicaid: sheltered workshop earnings.	5101:1-39-14.4	5160:1-3-14.4
Medicaid: treatment of rental income.	5101:1-39-15.1	5160:1-3-15.1

RULES RENUMBERED PURSUANT TO AM. SUB. H.B. 59

RULE TAGLINE	CURRENT NUMBER	NEW NUMBER
Medicaid: treatment of sick pay.	5101:1-39-15.2	5160:1-3-15.2
Medicaid: in-kind support and maintenance.	5101:1-39-17	5160:1-3-17
Medicaid: income exemptions and disregards.	5101:1-39-18	5160:1-3-18
Medicaid: deeming of income.	5101:1-39-19	5160:1-3-19
Medicaid: standards and allocations.	5101:1-39-21	5160:1-3-21
Medicaid: treatment of income and resources of institutionalized individuals.	5101:1-39-22	5160:1-3-22
Medicaid: retirement and income supplementing accounts (RISAs).	5101:1-39-22.7	5160:1-3-22.7
Medicaid: the disclosure and treatment of annuities for recipients or applicants for medical assistance programs.	5101:1-39-22.8	5160:1-3-22.8
Medicaid: income computations for determining eligibility using the special income level.	5101:1-39-23	5160:1-3-23
Medicaid: determining patient liability.	5101:1-39-24	5160:1-3-24
Medicaid: income and patient liability determinations for individuals under the assisted living home and community based waiver.	5101:1-39-24.1	5160:1-3-24.1
Medicaid: resource exemption.	5101:1-39-26	5160:1-3-26
Medicaid: liquid assets as resources.	5101:1-39-27	5160:1-3-27
Medicaid: trusts.	5101:1-39-27.1	5160:1-3-27.1
Medicaid: cash and checking and savings accounts and time deposits.	5101:1-39-27.2	5160:1-3-27.2
Medicaid: promissory notes, mortgages, stocks, bonds, and loans.	5101:1-39-27.3	5160:1-3-27.3
Medicaid: preneed funeral contracts.	5101:1-39-27.4	5160:1-3-27.4
Medicaid: lump-sum payments.	5101:1-39-27.5	5160:1-3-27.5
Medicaid: dividends and interest.	5101:1-39-27.6	5160:1-3-27.6
Household goods and personal effects as resources.	5101:1-39-28	5160:1-3-28
Automobiles and other modes of transportation as resources.	5101:1-39-29	5160:1-3-29
Medicaid: life insurance.	5101:1-39-30	5160:1-3-30
Medicaid: treatment of the home.	5101:1-39-31	5160:1-3-31
Medicaid: exemption of property no longer the principal place of residence.	5101:1-39-31.3	5160:1-3-31.3
Medicaid: home replacement exclusion.	5101:1-39-31.4	5160:1-3-31.4
Medicaid: life estates and life leases.	5101:1-39-32	5160:1-3-32

RULES RENUMBERED PURSUANT TO AM. SUB. H.B. 59

RULE TAGLINE	CURRENT NUMBER	NEW NUMBER
Medicaid: property agreements.	5101:1-39-32.1	5160:1-3-32.1
Medicaid: burial spaces.	5101:1-39-32.2	5160:1-3-32.2
Real or personal property essential to self-support.	5101:1-39-33	5160:1-3-33
Deeming of resources.	5101:1-39-34	5160:1-3-34
Medicaid: resource assessment.	5101:1-39-35	5160:1-3-35
Medicaid: treatment of resources for institutionalized individuals with a spouse in the community.	5101:1-39-36	5160:1-3-36
Medicaid: resource budgeting methodology for institutionalized individuals with a spouse in the community.	5101:1-39-36.1	5160:1-3-36.1
Medicaid: transfer of resources for institutionalized spouses with a spouse in the community.	5101:1-39-36.2	5160:1-3-36.2
Medicaid: coverage for families.	5101:1-40-02.1	5160:1-4-02.1
Medicaid: coverage for children.	5101:1-40-02.2	5160:1-4-02.2
Medicaid: coverage for pregnant women.	5101:1-40-02.3	5160:1-4-02.3
Medicaid: coverage for individuals at least age nineteen and younger than age twenty-one.	5101:1-40-02.4	5160:1-4-02.4
Medicaid: children in care and individuals younger than age twenty-one who have aged out of foster care.	5101:1-40-03	5160:1-4-03
Medicaid: transitional medical assistance.	5101:1-40-05	5160:1-4-05
Medicaid: low-income families, children, and pregnant women budgeting.	5101:1-40-20	5160:1-4-20
Breast and cervical cancer project (BCCP) Medicaid.	5101:1-41-01	5160:1-5-01
Breast and cervical cancer project (BCCP) Medicaid: definitions.	5101:1-41-02	5160:1-5-02
Breast and cervical cancer project (BCCP) Medicaid: eligibility requirements.	5101:1-41-03	5160:1-5-03
Breast and cervical cancer project (BCCP) Medicaid: eligibility period.	5101:1-41-04	5160:1-5-04
Breast and cervical cancer project (BCCP) Medicaid: application process.	5101:1-41-05	5160:1-5-05
Medicaid: alien emergency medical assistance (AEMA).	5101:1-41-20	5160:1-5-20
Medicaid: Medicaid buy-in for workers with disabilities (MBIWD).	5101:1-41-30	5160:1-5-30
Medicaid: covered group eligibility for family planning services.	5101:1-41-40	5160:1-5-40

RULES RENUMBERED PURSUANT TO AM. SUB. H.B. 59		
RULE TAGLINE	CURRENT NUMBER	NEW NUMBER
Refugee medical assistance (RMA).	5101:1-42-90	5160:1-6-90
Medicaid: medical necessity.	5101:3-1-01	5160-1-01
General reimbursement principles.	5101:3-1-02	5160-1-02
Medicaid: relationship to the children with medical handicaps program under Title V of the Social Security Act.	5101:3-1-03	5160-1-03
Medicaid: coordination of benefits with the Medicare program (Title XVIII).	5101:3-1-05	5160-1-05
Payment for "Medicare Part C" cost sharing.	5101:3-1-05.1	5160-1-05.1
Payment for "Medicare Part B" cost sharing.	5101:3-1-05.3	5160-1-05.3
Home and community-based service waivers: general description.	5101:3-1-06	5160-1-06
Home and community-based service waivers: PASSPORT.	5101:3-1-06.1	5160-1-06.1
Home and community-based services (HCBS) waivers: choices.	5101:3-1-06.4	5160-1-06.4
Home and community-based services (HCBS) waivers: assisted living.	5101:3-1-06.5	5160-1-06.5
Coordination of benefits.	5101:3-1-08	5160-1-08
Co-payments.	5101:3-1-09	5160-1-09
Out-of-state coverage [except as provided through Medicaid contracting managed care plans (MCPs)].	5101:3-1-11	5160-1-11
Medicaid consumer liability [except for services provided through a Medicaid managed health care program].	5101:3-1-13.1	5160-1-13.1
Eligible providers.	5101:3-1-17	5160-1-17
Notification of rule and program changes.	5101:3-1-17.1	5160-1-17.1
Provider agreement for providers.	5101:3-1-17.2	5160-1-17.2
Provider disclosure requirements.	5101:3-1-17.3	5160-1-17.3
Conversion to time-limited provider agreements and re-enrollment.	5101:3-1-17.4	5160-1-17.4
Suspension of Medicaid provider agreements.	5101:3-1-17.5	5160-1-17.5
Termination and denial of provider agreement [except long-term care nursing facilities (NFs), intermediate care facilities for the mentally retarded (ICFs-MR) and Medicaid contracting managed care plans (MCPs)].	5101:3-1-17.6	5160-1-17.6

RULES RENUMBERED PURSUANT TO AM. SUB. H.B. 59

RULE TAGLINE	CURRENT NUMBER	NEW NUMBER
Application by a former participating Medicaid provider to resume participation in the Ohio Medicaid program [except for Medicaid contracting managed care plans (MCPs)].	5101:3-1-17.7	5160-1-17.7
Provider screening and application fee.	5101:3-1-17.8	5160-1-17.8
Claim submission.	5101:3-1-19	5160-1-19
Inquiries regarding the status of claims [except for services provided through a Medicaid managed care program].	5101:3-19.9	5160-1-19.9
Electronic data interchange (EDI) trading partner enrollment and testing.	5101:3-1-20	5160-1-20
Assignment of provider claims.	5101:3-1-23	5160-1-23
Interest on overpayment made to Medicaid providers.	5101:3-1-25	5160-1-25
Review of provider records.	5101:3-1-27	5160-1-27
Hold and review process.	5101:3-1-27.1	5160-1-27.1
Medicaid hold and review process for Medicaid claims paid through state agencies other than the Ohio Department of Job and Family Services.	5101:3-1-27.2	5160-1-27.2
Medicaid fraud, waste, and abuse.	5101:3-1-29	5160-1-29
Prior authorization [except for services provided through Medicaid contracting managed care plans (MCPs)].	5101:3-1-31	5160-1-31
Role of the county department of human services.	5101:3-1-35	5160-1-35
Role of the Ohio department of human services.	5101:3-1-37	5160-1-37
Verification of home care service provision to home care dependent adults.	5101:3-1-39	5160-1-39
Process for provider appeals from proposed departmental actions.	5101:3-1-57	5160-1-57
Medicaid reimbursement.	5101:3-1-60	5160-1-60
Special provisions for reimbursement for physician groups acting as outpatient hospital clinics.	5101:3-1-60.1	5160-1-60.1
Direct reimbursement to Medicaid recipients for out-of-pocket payments for Medicaid covered services.	5101:3-1-60.2	5160-1-60.2
Primary care physician rate increase.	5101:3-1-60.3	5160-1-60.3
Reimbursement for nurse-midwifery services.	5101:3-1-62	5160-1-62
Eligible providers.	5101:3-2-01	5160-2-01
General provisions: hospital services.	5101:3-2-02	5160-2-02
Conditions and limitations.	5101:3-2-03	5160-2-03

RULES RENUMBERED PURSUANT TO AM. SUB. H.B. 59

RULE TAGLINE	CURRENT NUMBER	NEW NUMBER
Coverage of hospital-provided pharmaceutical, dental, vision care, medical supply and equipment, and ambulance or ambulette services.	5101:3-2-04	5160-2-04
Hospital services subject to and excluded from DRG prospective payment.	5101:3-2-07.1	5160-2-07.1
Classification of hospitals.	5101:3-2-07.2	5160-2-07.2
Methodology for determining relative weights.	5101:3-2-07.3	5160-2-07.3
Basic methodology for determining prospective payment rates.	5101:3-2-07.4	5160-2-07.4
Disproportionate share adjustment.	5101:3-2-07.5	5160-2-07.5
Capital costs.	5101:3-2-07.6	5160-2-07.6
Medical education.	5101:3-2-07.7	5160-2-07.7
Redetermination of prospective payment rates.	5101:3-2-07.8	5160-2-07.8
Payment for outliers.	5101:3-2-07.9	5160-2-07.9
Payment methodology.	5101:3-2-07.11	5160-2-07.11
Appeals and reconsideration of departmental determinations regarding hospital inpatient and outpatient services.	5101:3-2-07.12	5160-2-07.12
Utilization control.	5101:3-2-07.13	5160-2-07.13
Provision of basic, medically necessary hospital-level services.	5101:3-2-07.17	5160-2-07.17
Data policies for disproportionate share and indigent care adjustments for hospital services.	5101:3-2-08	5160-2-08
Assessment rates.	5101:3-2-08.1	5160-2-08.1
Payment policies for disproportionate share and indigent care adjustments for hospital services.	5101:3-2-09	5160-2-09
Payment policies for disproportionate share and indigent care adjustments for psychiatric hospitals.	5101:3-2-10	5160-2-10
Policies for outpatient hospital services.	5101:3-2-21	5160-2-21
Consumer co-payments for nonemergency emergency department services.	5101:3-2-21.1	5160-2-21.1
Reasonable cost and cost-related reimbursement for hospital services.	5101:3-2-22	5160-2-22
Cost reports.	5101:3-2-23	5160-2-23
Audits.	5101:3-2-24	5160-2-24
Coordination of benefits: hospital services.	5101:3-2-25	5160-2-25
Hospital franchise fee program.	5101:3-2-30	5160-2-30
Pre-certification review.	5101:3-2-40	5160-2-40

RULES RENUMBERED PURSUANT TO AM. SUB. H.B. 59		
RULE TAGLINE	CURRENT NUMBER	NEW NUMBER
Supplemental inpatient hospital upper limit payments for public hospitals.	5101:3-2-50	5160-2-50
Supplemental inpatient hospital upper payment limit payments for state hospitals.	5101:3-2-51	5160-2-51
Supplemental inpatient hospital payments for private hospitals.	5101:3-2-52	5160-2-52
Supplemental inpatient hospital payments for children's hospitals.	5101:3-2-53	5160-2-53
Supplemental outpatient hospital upper limit payments for private, public non state-owned, and public state-owned hospitals.	5101:3-2-54	5160-2-54
Definitions.	5101:3-3-01	5160-3-01
Authorization for the Ohio Department of Developmental Disabilities (DODD) to administer the Medicaid program for services provided by intermediate care facilities for the mentally retarded.	5101:3-3-01.1	5160-3-01.1
Provider agreements for nursing facilities (NFs).	5101:3-3-02	5160-3-02
Length and type of long-term care provider agreements.	5101:3-3-02.1	5160-3-02.1
Termination, denial, and non-renewal of long term care provider agreements.	5101:3-3-02.2	5160-3-02.2
Institutions eligible to participate in Medicaid as nursing facilities (NFs).	5101:3-3-02.3	5160-3-02.3
Mandatory dual participation by nursing facilities (NFs) in the Medicare program.	5101:3-3-02.4	5160-3-02.4
Emergency management and resident relocation plan for nursing facilities (NFs).	5101:3-3-02.7	5160-3-02.7
Resident protection fund (RPF) for nursing facilities (NFs) and collection of fines.	5101:3-3-03.2	5160-3-03.2
Payment during the Ohio Department of Job and Family Services (ODJFS) administrative appeals process for denial or termination of a provider agreement.	5101:3-3-04	5160-3-04
Payment to nursing facilities (NFs) during the survey agency's administrative appeals process.	5101:3-3-04.1	5160-3-04.1
Level of care definitions.	5101:3-3-05	5160-3-05
Criteria for the protective level of care.	5101:3-3-06	5160-3-06
Institutions for mental diseases (IMDs).	5101:3-3-06.1	5160-3-06.1
Intermediate care for individuals with mental retardation and developmental disabilities.	5101:3-3-07	5160-3-07
Criteria for nursing facility-based level of care.	5101:3-3-08	5160-3-08

RULES RENUMBERED PURSUANT TO AM. SUB. H.B. 59		
RULE TAGLINE	CURRENT NUMBER	NEW NUMBER
Preadmission screening (PAS) and resident review (RR) definitions.	5101:3-3-14	5160-3-15
Process and timeframes for a level of care determination for nursing facility-based level of care programs.	5101:3-3-15	5160-3-14
Preadmission screening (PAS) requirements for individuals seeking admission to nursing facilities (NFs).	5101:3-3-15.1	5160-3-15.1
Resident review (RR) requirements for individuals residing in nursing facilities (NFs).	5101:3-3-15.2	5160-3-15.2
Level of care review process for intermediate care facilities for the mentally retarded.	5101:3-3-15.3	5160-3-15.3
ICF-MR Level of care determination process for home and community-based Medicaid waivers administered by the Ohio department of Mental Retardation and Developmental Disabilities.	5101:3-3-15.5	5160-3-15.5
Resident rights for nursing facilities (NFs).	5101:3-3-16	5160-3-16
Resource assessment notice for nursing facilities (NFs).	5101:3-3-16.1	5160-3-16.1
Advance directives for nursing facilities (NFs).	5101:3-3-16.2	5160-3-16.2
Private rooms in nursing facilities (NFs).	5101:3-3-16.3	5160-3-16.3
Coverage of bed-hold days for medically necessary and other limited absences from nursing facilities (NFs).	5101:3-3-16.4	5160-3-16.4
Personal needs allowance (PNA) accounts and other resident funds for nursing facilities (NFs).	5101:3-3-16.5	5160-3-16.5
Payment methodology for the provision of outlier services in nursing facilities (NFs).	5101:3-3-17	5160-3-17
Outlier services in nursing facilities for individuals with severe maladaptive behaviors due to traumatic brain injury (NF-TBI services).	5101:3-3-17.1	5160-3-17.1
Pediatric outlier services in nursing facilities (NF-PED services).	5101:3-3-17.2	5160-3-17.2
Out-of-state nursing facility (NF) services for individuals with traumatic brain injury (TBI).	5101:3-3-17.3	5160-3-17.3
Relationship of other covered Medicaid services to nursing facility (NF) services.	5101:3-3-19	5160-3-19
Nursing facilities (NFs): Medicaid cost report filing, record retention, and disclosure requirements.	5101:3-3-20	5160-3-20

RULES RENUMBERED PURSUANT TO AM. SUB. H.B. 59

RULE TAGLINE	CURRENT NUMBER	NEW NUMBER
Rate recalculations, interest on overpayments, penalties, repayment of overpayments, and deposit of repayment of overpayments for nursing facilities (NFs).	5101:3-3-22	5160-3-22
Prospective rate reconsideration for nursing facilities (NFs) for possible calculation errors.	5101:3-3-24	5160-3-24
Appeal of the franchise permit fee (FPF) determination and re-determination.	5101:3-3-30.1	5160-3-30.1
Procedure for terminating the franchise permit fee (FPF) for nursing facilities (NFs), nursing homes (NHs), and long-term care hospital beds.	5101:3-3-30.4	5160-3-30.4
Debt estimation methodology for change of operator, facility closure, voluntary termination, involuntary termination, or voluntary withdrawal for nursing facilities (NFs).	5101:3-3-32	5160-3-32
Debt estimation and debt summary report procedure for change of operator, facility closure, voluntary termination, involuntary termination, or voluntary withdrawal for nursing facilities (NFs).	5101:3-3-32.1	5160-3-32.1
Successor liability agreements for operators of nursing facilities (NFs).	5101:3-3-32.2	5160-3-32.2
Payment and adjustment process for nursing facilities (NFs).	5101:3-3-39	5160-3-39
Claim submission for nursing facilities (NFs).	5101:3-3-39.1	5160-3-39.1
Nursing facilities (NFs) placement into peer groups.	5101:3-3-41	5160-3-41
Nursing facilities (NFs): chart of accounts.	5101:3-3-42	5160-3-42
Nursing facility (NF): Medicaid cost report.	5101:3-3-42.1	5160-3-42.1
Nursing facilities (NFs): leased staff.	5101:3-3-42.2	5160-3-42.2
Capital asset and depreciation guidelines – nursing facilities (NFs).	5101:3-3-42.3	5160-3-42.3
Nursing facilities (NFs): nonreimbursable costs.	5101:3-3-42.4	5160-3-42.4
Nursing facilities (NF) case mix assessment instrument: minimum data set version 3.0 (MDS 3.0).	5101:3-3-43.1	5160-3-43.1
Resource utilization groups, version III (RUG III): the nursing facility case mix payment system.	5101:3-3-43.2	5160-3-43.2
Calculation of quarterly, semiannual and annual nursing facility (NF) average case mix scores.	5101:3-3-43.3	5160-3-43.3
Exception review process for nursing facilities (NFs).	5101:3-3-43.4	5160-3-43.4
Method for exempting nursing facilities from the franchise permit fee.	5101:3-3-49.4	5160-3-49.4

RULES RENUMBERED PURSUANT TO AM. SUB. H.B. 59

RULE TAGLINE	CURRENT NUMBER	NEW NUMBER
Identification of beds subject to franchise permit fee.	5101:3-3-49.5	5160-3-49.5
Appealing the franchise permit fee assessments.	5101:3-3-49.6	5160-3-49.6
Tax cost add-on for nursing facilities (NFs).	5101:3-3-57	5160-3-57
Quality incentive payment for nursing facilities (NFs).	5101:3-3-58	5160-3-58
Nursing facility payment for Medicare part A cost sharing.	5101:3-3-64	5160-3-64
Nursing facility (NF) payment for cost-sharing other than Medicare part A	5101:3-3-64.1	5160-3-64.1
Nursing facilities (NFs): rates for providers with an initial date of certification on or after July 1, 2006.	5101:3-3-65	5160-3-65
Nursing facilities (NFs): rates for providers that change provider agreements.	5101:3-3-65.1	5160-3-65.1
Payment methodology for state-operated intermediate care facilities for the mentally retarded (ICFs-MR).	5101:3-3-99	5160-3-99
Physicians and other eligible providers of physician services.	5101:3-4-01	5160-4-01
Scope of coverage.	5101:3-4-02	5160-4-02
"By-report" services.	5101:3-4-02.1	5160-4-02.1
Site differential payments and place of service.	5101:3-4-02.2	5160-4-02.2
Physician assistants.	5101:3-4-03	5160-4-03
Teaching physician services.	5101:3-4-05	5160-4-05
Physician visits.	5101:3-4-06	5160-4-06
Physician attendance during patient transport.	5101:3-4-06.1	5160-4-06.1
Covered obstetrical services.	5101:3-4-08	5160-4-08
Payment for prenatal visits.	5101:3-4-08.1	5160-4-08.1
Office incentive program.	5101:3-4-09	5160-4-09
Pregnancy related services.	5101:3-4-10	5160-4-10
Diagnostic and therapeutic procedures.	5101:3-4-11	5160-4-11
Immunizations, injections, and infusions (including trigger-point injections), and provider-administered pharmaceuticals.	5101:3-4-12	5160-4-12
Relocated provisions concerning injections and provider-administered pharmaceuticals.	5101:3-4-13	5160-4-13
Dialysis.	5101:3-4-14	5160-4-14
Cardiovascular diagnostic and therapeutic services.	5101:3-4-16	5160-4-16

RULES RENUMBERED PURSUANT TO AM. SUB. H.B. 59

RULE TAGLINE	CURRENT NUMBER	NEW NUMBER
Gastroenterology, otorhinolaryngology, endocrinology, neurology, photodynamic therapy, and special dermatology services.	5101:3-4-17	5160-4-17
Pulmonary services.	5101:3-4-18	5160-4-18
Allergy services.	5101:3-4-19	5160-4-19
Chemotherapy treatment.	5101:3-4-20	5160-4-20
Anesthesia services.	5101:3-4-21	5160-4-21
Anesthesia for neuraxial analgesia for obstetrical services.	5101:3-4-21.1	5160-4-21.1
Anesthesia conversion factors.	5101:3-4-21.2	5160-4-21.2
Surgical services.	5101:3-4-22	5160-4-22
Covered ambulatory surgery center (ASC) surgical procedures.	5101:3-4-23	5160-4-23
Laboratory and radiology services.	5101:3-4-25	5160-4-25
Covered physical medicine and rehabilitation services.	5101:3-4-26	5160-4-26
Physician reimbursement of medical supplies and durable medical equipment.	5101:3-4-27	5160-4-27
Noncovered services.	5101:3-4-28	5160-4-28
Services provided for the diagnosis and treatment of mental and emotional disorders.	5101:3-4-29	5160-4-29
Coverage of extra-corporeal-membrane-oxygenator (ECMO) services.	5101:3-4-31	5160-4-31
Coverage of fluoride varnish by non-dental providers.	5101:3-4-33	5160-4-33
Preventive medicine services.	5101:3-4-34	5160-4-34
Skin substitutes for wound treatment and healing.	5101:3-4-35	5160-4-35
Covered freestanding birth center (FBC) procedures.	5101:3-4-36	5160-4-36
Dental program: general and co-payment provisions.	5101:3-5-01	5160-5-01
Dental program: covered diagnostic services and limitations.	5101:3-5-02	5160-5-02
Dental program: covered tests and laboratory examinations and limitations.	5101:3-5-03	5160-5-03
Dental program: covered preventive services and limitations.	5101:3-5-04	5160-5-04
Dental program: covered restorative services and limitations.	5101:3-5-05	5160-5-05

RULES RENUMBERED PURSUANT TO AM. SUB. H.B. 59

RULE TAGLINE	CURRENT NUMBER	NEW NUMBER
Dental program: covered endodontic services and limitations.	5101:3-5-06	5160-5-06
Dental program: covered periodontic services and limitations.	5101:3-5-07	5160-5-07
Dental program: covered removable prosthodontic services and limitations.	5101:3-5-08	5160-5-08
Dental program: covered oral surgery services and limitations.	5101:3-5-09	5160-5-09
Dental program: covered orthodontic services and limitations.	5101:3-5-10	5160-5-10
Dental program: other covered services and limitations.	5101:3-5-11	5160-5-11
Eligible vision care providers and vision co-payment provisions.	5101:3-6-01	5160-6-01
Scope of coverage.	5101:3-6-02	5160-6-02
Vision care limitations.	5101:3-6-04	5160-6-04
Covered vision services.	5101:3-6-07	5160-6-07
Covered services and materials not purchased under the vision volume purchase contract.	5101:3-6-11	5160-6-11
Spectacle fitting services.	5101:3-6-12	5160-6-12
Eligible providers of podiatric services.	5101:3-7-01	5160-7-01
Podiatric medicine: scope of coverage.	5101:3-7-02	5160-7-02
Covered podiatric services and associated limitations.	5101:3-7-03	5160-7-03
Podiatric medicine: noncovered services.	5101:3-7-04	5160-7-04
Eligible providers of limited practitioner services.	5101:3-8-01	5160-8-01
Covered physical therapy services and limitations.	5101:3-8-02	5160-8-02
Covered occupational therapy services and limitations.	5101:3-8-03	5160-8-03
Covered psychology services and limitations.	5101:3-8-05	5160-8-05
Covered chiropractic physician services and limitations.	5101:3-8-11	5160-8-11
Advanced practice nurses.	5101:3-8-20	5160-8-20
Advanced practice nurses: eligible Ohio Medicaid providers.	5101:3-8-21	5160-8-21
Advanced practice nurses practice arrangements and reimbursement.	5101:3-8-22	5160-8-22
Advanced practice nurses: coverage and limitations.	5101:3-8-23	5160-8-23

RULES RENUMBERED PURSUANT TO AM. SUB. H.B. 59		
RULE TAGLINE	CURRENT NUMBER	NEW NUMBER
Eligible providers of certified registered nurse anesthetist (CRNA) services.	5101:3-8-24	5160-8-24
Coverage, limitations, and reimbursement of anesthesia services provided by certified nurse anesthetists (CRNAs).	5101:3-8-25	5160-8-25
Anesthesiologist assistant (AA) services: eligible providers and coverage and limitations.	5101:3-8-26	5160-8-26
Advanced practice nurses: modifiers.	5101:3-8-27	5160-8-27
Eligible providers of pharmacy services.	5101:3-9-01	5160-9-01
Pharmacy services: medical supplies and durable medical equipment.	5101:3-9-02	5160-9-02
Covered drugs and associated limitations.	5101:3-9-03	5160-9-03
Pharmacy services: drug utilization review.	5101:3-9-04	5160-9-04
Reimbursement.	5101:3-9-05	5160-9-05
Prescription billing and recordkeeping requirements.	5101:3-9-06	5160-9-06
Drug review process.	5101:3-9-07	5160-9-07
Consumer co-payments for certain pharmacy medications.	5101:3-9-09	5160-9-09
Office of medical assistance list of drugs covered without prior authorization.	5101:3-9-12	5160-9-12
Pharmacy services: limited family planning benefit.	5101:3-9-14	5160-9-14
Eligible providers.	5101:3-10-01	5160-10-01
Coverage and limitations for medical supplier services.	5101:3-10-02	5160-10-02
"Medicaid Supply List."	5101:3-10-03	5160-10-03
Pneumatic compression devices and accessories.	5101:3-10-04	5160-10-04
Reimbursement for covered services.	5101:3-10-05	5160-10-05
Prior authorization.	5101:3-10-06	5160-10-06
Repair of medical equipment.	5101:3-10-08	5160-10-08
Apnea monitors.	5101:3-10-09	5160-10-09
Dialysis equipment.	5101:3-10-10	5160-10-10
Hearing aids.	5101:3-10-11	5160-10-11
Orthopedic shoes and foot orthoses.	5101:3-10-12	5160-10-12
Oxygen: covered services and limitations in a private residence.	5101:3-10-13	5160-10-13
Oxygen: covered services and limitations in an intermediate care facility for the mentally retarded (ICF-MR).	5101:3-10-13.1	5160-10-13.1

RULES RENUMBERED PURSUANT TO AM. SUB. H.B. 59

RULE TAGLINE	CURRENT NUMBER	NEW NUMBER
Compression garments.	5101:3-10-14	5160-10-14
Transcutaneous electrical nerve simulators (TENS).	5101:3-10-15	5160-10-15
Wheelchairs.	5101:3-10-16	5160-10-16
Wheelchair rentals.	5101:3-10-16.1	5160-10-16.1
Hospital beds, pressure-reducing support surfaces and accessories.	5101:3-10-18	5160-10-18
Definition of terms associated with orthotic and prosthetic services.	5101:3-10-19	5160-10-19
Covered orthotic and prosthetic services and associated limitations.	5101:3-10-20	5160-10-20
Incontinence garments and related supplies.	5101:3-10-21	5160-10-21
Volume ventilators, positive and negative pressure ventilators, continuous positive airway pressure (CPAP), alternating positive airway pressure (APAP), and intermittent positive pressure ventilation (IPPV).	5101:3-10-22	5160-10-22
Pulse oximeters.	5101:3-10-23	5160-10-23
Speech generating devices (SGD).	5101:3-10-24	5160-10-24
Lactation pumps.	5101:3-10-25	5160-10-25
Enteral nutrition products.	5101:3-10-26	5160-10-26
Continuous passive motion (CPM) devices.	5101:3-10-27	5160-10-27
Non-invasive bone (osteogenesis) stimulators.	5101:3-10-28	5160-10-28
External insulin infusion pump.	5101:3-10-29	5160-10-29
Canes, crutches, and walkers.	5101:3-10-30	5160-10-30
Therapeutic footwear for consumers with diabetes.	5101:3-10-31	5160-10-31
Ostomy and urological supplies.	5101:3-10-32	5160-10-32
Commodes.	5101:3-10-33	5160-10-33
Surgical dressings and related supplies.	5101:3-10-34	5160-10-34
Cranial orthotic remolding devices.	5101:3-10-35	5160-10-35
Definitions: independent laboratory, portable x-ray supplier, independent diagnostic testing facility (IDTF), and mammography supplier.	5101:3-11-01	5160-11-01
Provider requirements: independent laboratory, portable x-ray supplier, independent diagnostic testing facility (IDTF), mammography supplier, and other providers of laboratory services.	5101:3-11-02	5160-11-02
Laboratory services: coverage and limitations.	5101:3-11-03	5160-11-03

RULES RENUMBERED PURSUANT TO AM. SUB. H.B. 59		
RULE TAGLINE	CURRENT NUMBER	NEW NUMBER
Laboratory: exceptions for FQHCs, RHCs, OHFs, and hospital outpatients.	5101:3-11-04	5160-11-04
Laboratory specimens sent to the Ohio Department of Health (ODH) state laboratories.	5101:3-11-05	5160-11-05
Portable x-ray suppliers: covered services and limitations.	5101:3-11-06	5160-11-06
Independent diagnostic testing facility: coverage and limitations.	5101:3-11-07	5160-11-07
Reimbursement for laboratory, portable x-ray supplier, and independent diagnostic testing facilities.	5101:3-11-08	5160-11-08
Radiology procedures that are subject to the clinical laboratory improvement amendments (CLIA) requirements.	5101:3-11-10	5160-11-10
Home health services: provision requirements, coverage, and service specification.	5101:3-12-01	5160-12-01
Private duty nursing: services, provision requirements, coverage and service specification.	5101:3-12-02	5160-12-02
Provision for consumers enrolled in and providers who provide the core plus benefit package services.	5101:3-12-02.1	5160-12-02.1
Private duty nursing: procedures for service authorization.	5101:3-12-02.3	5160-12-02.3
Medicare certified home health agencies (MCRHHA): qualifications and requirements.	5101:3-12-03	5160-12-03
Non-agency nurses and otherwise-accredited agencies: qualifications and requirements.	5101:3-12-03.1	5160-12-03.1
Home health and private duty nursing: visit policy.	5101:3-12-04	5160-12-04
Reimbursement: home health services.	5101:3-12-05	5160-12-05
Reimbursement: private duty nursing services.	5101:3-12-06	5160-12-06
Reimbursement: exceptions.	5101:3-12-07	5160-12-07
Fee-for-service ambulatory health care clinics (AHCCs): general provisions.	5101:3-13-01	5160-13-01
Fee-for-service ambulatory health care clinics (AHCCs): primary care clinics.	5101:3-13-01.1	5160-13-01.1
Fee-for-service ambulatory health care clinics (AHCCs): public health department clinics.	5101:3-13-01.3	5160-13-01.3
Fee-for-service ambulatory health care clinics (AHCCs): outpatient rehabilitation clinics.	5101:3-13-01.4	5160-13-01.4
Fee-for-service ambulatory health care clinics (AHCCs): family planning clinics.	5101:3-13-01.5	5160-13-01.5

RULES RENUMBERED PURSUANT TO AM. SUB. H.B. 59		
RULE TAGLINE	CURRENT NUMBER	NEW NUMBER
Fee-for-service ambulatory health care clinics (AHCCs): professional optometry school clinics.	5101:3-13-01.6	5160-13-01.6
Fee-for-service ambulatory health care clinics (AHCCs): professional dental school clinics.	5101:3-13-01.7	5160-13-01.7
Fee-for-service ambulatory health care clinics (AHCCs): speech-language/audiology clinics and diagnostic imaging clinics.	5101:3-13-01.8	5160-13-01.8
Fee-for-service ambulatory health care clinics (AHCCs): end-state renal disease (ESRD) dialysis clinics.	5101:3-13-01.9	5160-13-01.9
Healthchek: early and periodic screening, diagnostic and treatment (EPSDT) mandatory services for Medicaid recipients under twenty-one years of age.	5101:3-14-01	5160-14-01
Healthchek: eligible providers of early and periodic screening, diagnosis, and treatment (EPSDT) services.	5101:3-14-02	5160-14-02
Healthchek: early and periodic screening, diagnosis, and treatment (EPSDT) screening visits.	5101:3-14-03	5160-14-03
Healthchek: reimbursement of early and periodic screening, diagnosis, and treatment (EPSDT) services.	5101:3-14-04	5160-14-04
Healthchek: covered diagnostic and treatment services under early and periodic screening, diagnosis, and treatment (EPSDT).	5101:3-14-05	5160-14-05
Healthchek: environmental investigation for elevated blood levels under early and periodic screening, diagnosis, and treatment (EPSDT) services environmental investigation.	5101:3-14-09	5160-14-09
Medical transportation services: definitions.	5101:3-15-01	5160-15-01
Medical transportation services: provider participation and documentation requirements.	5101:3-15-02	5160-15-02
Medical transportation services: eligible providers.	5101:3-15-02.8	5160-15-02.8
Medical transportation: covered services and limitations.	5101:3-15-03	5160-15-03
Medical transportation services: reimbursement.	5101:3-15-04	5160-15-04
Medical transportation services: ambulette services provided by ground ambulance vehicles.	5101:3-15-05	5160-15-05
Rural health clinics (RHCs): definitions and eligibility.	5101:3-16-01	5160-16-01
Rural health clinics (RHCs): covered services.	5101:3-16-02	5160-16-02
Rural health clinics (RHCs): limitations and noncovered services.	5101:3-16-03	5160-16-03

RULES RENUMBERED PURSUANT TO AM. SUB. H.B. 59		
RULE TAGLINE	CURRENT NUMBER	NEW NUMBER
Rural health clinics (RHCs): supplemental payments.	5101:3-16-05	5160-16-05
Rural health clinics (RHCs): prospective payment system (PPS).	5101:3-16-06	5160-16-06
Abortions.	5101:3-17-01	5160-17-01
Freestanding birth center: eligible providers, covered services, and reimbursement.	5101:3-18-01	5160-18-01
Coordinated services program.	5101:3-20-01	5160-20-01
Medicaid covered reproductive health services: preconception care services.	5101:3-21-01	5160-21-01
Reproductive health services: pregnancy prevention/contraceptive management services.	5101:3-21-02	5160-21-02
Medicaid reproductive health services: temporary pregnancy prevention/contraceptive management services.	5101:3-21-02.1	5160-21-02.1
Medicaid covered reproductive health services: permanent contraception/sterilization services and hysterectomy.	5101:3-21-02.2	5160-21-02.2
Limited family planning benefit.	5101:3-21-02.3	5160-21-02.3
Medicaid covered reproductive health services: infertility services.	5101:3-21-03	5160-21-03
Ambulatory surgery center eligible providers.	5101:3-22-01	5160-22-01
Covered ambulatory surgery center (ASC) services.	5101:3-22-02	5160-22-02
Reimbursement of facility services in an ambulatory surgery center (ASC).	5101:3-22-03	5160-22-03
Non-emergency transportation (NET): general provisions.	5101:3-24-01	5160-24-01
Non-emergency transportation (NET): administration.	5101:3-24-02	5160-24-02
Non-emergency transportation (NET): accessing NET.	5101:3-24-03	5160-24-03
Managed health care programs: definitions.	5101:3-26-01	5160-26-01
Managed health care programs: eligibility, membership, and automatic renewal of membership.	5101:3-26-02	5160-26-02
Managed health care programs: termination of membership.	5101:3-26-02.1	5160-26-02.1
Managed health care programs: covered services.	5101:3-26-03	5160-26-03
Managed health care programs: care coordination.	5101:3-26-03.1	5160-26-03.1

RULES RENUMBERED PURSUANT TO AM. SUB. H.B. 59

RULE TAGLINE	CURRENT NUMBER	NEW NUMBER
Managed health care programs: procurement and plan selection.	5101:3-26-04	5160-26-04
Managed health care programs: provider panel and subcontracting requirements.	5101:3-26-05	5160-26-05
Managed health care programs: provider services.	5101:3-26-05.1	5160-26-05.1
Managed health care programs: program integrity – fraud and abuse, audits, reporting, and record retention.	5101:3-26-06	5160-26-06
Managed health care programs: annual external quality review survey.	5101:3-26-07	5160-26-07
Managed health care programs: quality assessment and performance improvement program (QAPI).	5101:3-26-07.1	5160-26-07.1
Managed health care programs: marketing.	5101:3-26-08	5160-26-08
Managed health care programs: information and enrollment services.	5101:3-26-08.1	5160-26-08.1
Managed health care programs: member services.	5101:3-26-08.2	5160-26-08.2
Managed health care programs: member rights.	5101:3-26-08.3	5160-26-08.3
Managed health care programs: MCP grievance system.	5101:3-26-08.4	5160-26-08.4
Managed health care programs: responsibilities for state hearings.	5101:3-26-08.5	5160-26-08.5
Managed health care programs: reimbursement and financial responsibility.	5101:3-26-09	5160-26-09
Managed health care programs: third party recovery.	5101:3-26-09.1	5160-26-09.1
Managed health care programs: sanctions and provider agreement actions.	5101:3-26-10	5160-26-10
Managed health care programs: managed care plan non-contracting providers.	5101:3-26-11	5160-26-11
Managed health care programs: member co-payments.	5101:3-26-12	5160-26-12
Eligible providers for community mental health services.	5101:3-27-01	5160-27-01
Coverage and limitations of Medicaid community mental health services.	5101:3-27-02	5160-27-02
Reimbursement for community mental health Medicaid services.	5101:3-27-05	5160-27-05
Cost reconciliation requirements for Medicaid covered community mental health services.	5101:3-27-07	5160-27-07

RULES RENUMBERED PURSUANT TO AM. SUB. H.B. 59

RULE TAGLINE	CURRENT NUMBER	NEW NUMBER
Federally qualified health centers (FQHCs): eligibility and enrollment as a Medicaid provider.	5101:3-28-01	5160-28-01
Federally qualified health centers (FQHCs): covered services.	5101:3-28-02	5160-28-02
Federally qualified health centers (FQHCs): coverage and limitations policies.	5101:3-28-03	5160-28-03
Federally qualified health centers (FQHCs): billable services.	5101:3-28-04	5160-28-04
Federally qualified health centers (FQHCs): supplemental payments.	5101:3-28-07	5160-28-07
Federally qualified health centers (FQHCs): general provisions of the prospective payment system (PPS).	5101:3-28-08	5160-28-08
Federally qualified health center (FQHC): alternate payment method (APM).	5101:3-28-08.1	5160-28-08.1
Federally qualified health centers (FQHCs): prospective payment system (PPS) rate review for change in scope of service.	5101:3-28-09	5160-28-09
Federally qualified health centers (FQHCs): prospective payment system cost report.	5101:3-28-10	5160-28-10
Federally qualified health centers (FQHCs): billing for FQHC services.	5101:3-28-11	5160-28-11
Eligible providers.	5101:3-29-01	5160-29-01
Coverage and limitation policies for outpatient health facility services.	5101:3-29-03	5160-29-03
Billable services.	5101:3-29-04	5160-29-04
Reimbursement.	5101:3-29-05	5160-29-05
Eligible provider for alcohol and other drug treatment services.	5101:3-30-01	5160-30-01
Coverage and limitation policies for alcohol and other drug treatment services.	5101:3-30-02	5160-30-02
Billable services.	5101:3-30-03	5160-30-03
Reimbursement for community Medicaid alcohol and other drug treatment services.	5101:3-30-04	5160-30-04
Cost reconciliation requirements for Medicaid covered alcohol and other drug treatment services.	5101:3-30-06	5160-30-06
PASSPORT HCBS waiver program definitions.	5101:3-31-02	5160-31-02
Eligibility for enrollment in the PASSPORT HCBS waiver program.	5101:3-31-03	5160-31-03

RULES RENUMBERED PURSUANT TO AM. SUB. H.B. 59

RULE TAGLINE	CURRENT NUMBER	NEW NUMBER
Enrollment process for the pre-admission screening system providing options and resources today (PASSPORT) HCBS waiver program.	5101:3-31-04	5160-31-04
PASSPORT HCBS waiver program covered services.	5101:3-31-05	5160-31-05
Provider conditions of participation for the PASSPORT HCBS waiver program.	5101:3-31-06	5160-31-06
PASSPORT HCBS waiver program rate setting.	5101:3-31-07	5160-31-07
Definitions for the choices home and community-based services (HCBS) waiver program.	5101:3-32-02	5160-32-02
Eligibility for enrollment for the choices home and community-based services (HCBS) waiver program.	5101:3-32-03	5160-32-03
Provider conditions of participation for the choices home and community based services (HCBS) waiver program.	5101:3-32-04	5160-32-04
Choices home and community based services (HCBS) waiver covered services.	5101:3-32-05	5160-32-05
Enrollment process for choices home and community based services (HCBS) waiver program.	5101:3-32-06	5160-32-06
Choices home and community based services (HCBS) waiver rate setting.	5101:3-32-07	5160-32-07
Definitions for the assisted living home and community based services (HCBS) program.	5101:3-33-02	5160-33-02
Eligibility for the assisted living home and community based services (HCBS) waiver program.	5101:3-33-03	5160-33-03
Enrollment process for assisted living home and community based services (HCBS) waiver program.	5101:3-33-04	5160-33-04
Provider conditions of participation for the assisted living home and community based (HCBS) waiver program.	5101:3-33-05	5160-33-05
Covered services for the assisted living services home and community based services (HCBS) waiver program.	5101:3-33-06	5160-33-06
Assisted living home and community based services (HCBS) waiver rate setting.	5101:3-33-07	5160-33-07
Physical therapy, occupational therapy and speech-language pathology/audiology services: general provisions.	5101:3-34-01	5160-34-01
Physical therapy, occupational therapy, and speech-language pathology/audiology services: definitions.	5101:3-34-01.1	5160-34-01.1

RULES RENUMBERED PURSUANT TO AM. SUB. H.B. 59

RULE TAGLINE	CURRENT NUMBER	NEW NUMBER
Physical therapy, occupational therapy, and speech-language pathology/audiology services: coverage and limitations.	5101:3-34-01.2	5160-34-01.2
Physical therapy, occupational therapy and speech-language pathology/audiology services: provider claims, billing, payment, and reimbursement.	5101:3-34-01.3	5160-34-01.3
Definitions.	5101:3-35-01	5160-35-01
Qualifications to be a Medicaid school program (MSP) provider.	5101:3-35-02	5160-35-02
Reimbursement for services provided by Medicaid school program (MSP) providers.	5101:3-35-04	5160-35-04
Services authorized for Medicaid coverage that can be provided by Medicaid school program (MSP) providers.	5101:3-35-05	5160-35-05
Other services, medical supplies and equipment authorized for Medicaid coverage that can be provided by Medicaid school program (MSP) providers.	5101:3-35-06	5160-35-06
Program of all-inclusive care for the elderly (PACE) definitions and acronyms.	5101:3-36-01	5160-36-01
Program of all-inclusive care for the elderly (PACE) program administration.	5101:3-36-02	5160-36-02
Program of all-inclusive care for the elderly (PACE) eligibility.	5101:3-36-03	5160-36-03
Program of all-inclusive care for the elderly (PACE) enrollment, disenrollment, and waiting lists.	5101:3-36-04	5160-36-04
Program of all-inclusive care for the elderly (PACE) interdisciplinary team, participant plan of care, and services.	5101:3-36-05	5160-36-05
Program of all-inclusive care for the elderly (PACE) organization reimbursement.	5101:3-36-06	5160-36-06
Medicaid home and community-based services program – individual options waiver.	5101:3-40-01	5160-40-01
Waiting lists for home and community-based services administered by the Ohio Department of Developmental Disabilities.	5101:3-41-05	5160-41-05
Free choice of provider requirements for Medicaid home and community-based services programs administered by the Ohio Department of Developmental Disabilities..	5101:3-41-08	5160-41-08
Home and community-based waiver services-payment for waiver services administered by the Ohio Department of Developmental Disabilities.	5101:3-41-11	5160-41-11

RULES RENUMBERED PURSUANT TO AM. SUB. H.B. 59

RULE TAGLINE	CURRENT NUMBER	NEW NUMBER
Home and community-based services waivers – request for prior authorization for individuals enrolled in the individual options waiver.	5101:3-41-12	5160-41-12
Home and community based waiver services-reimbursement for adult day services as administered by the Ohio Department of Developmental Disabilities.	5101:3-41-15	5160-41-15
Assistance to enable a county board of developmental disabilities to pay non-federal share of Medicaid expenditures for home and community-based services.	5101:3-41-16	5160-41-16
Medicaid home and community-based services program – self-empowered life funding waiver.	5101:3-41-17	5160-41-17
Individual options waiver-payment standards.	5101:3-41-18	5160-41-18
Level one waiver-payment standards.	5101:3-41-19	5160-41-19
Self-empowered life funding – payment standards as administered by the Ohio Department of Developmental Disabilities.	5101:3-41-20	5160-41-20
Medicaid home and community-based services program – transitions developmental disabilities waiver.	5101:3-41-21	5160-41-21
Transitions developmental disabilities – payment standards.	5101:3-41-22	5160-41-22
Medicaid home and community-based services program – level one waiver.	5101:3-42-01	5160-42-01
ODJFS-administered waiver program: definitions.	5101:3-45-01	5160-45-01
ODJFS-administered waiver program: consumer choice and control.	5101:3-45-03	5160-45-03
ODJFS-administered waiver program: provider enrollment process.	5101:3-45-04	5160-45-04
ODJFS-administered waiver program: consumer incident management, investigation and response system (IMIRS).	5101:3-45-05	5160-45-05
ODJFS-administered waiver program: structural reviews of providers and investigation of alleged provider occurrences and overpayments.	5101:3-45-06	5160-45-06
Ohio home care waiver, transitions DD waiver and transitions carve-out waiver programs: criminal records checks involving agency providers.	5101:3-45-07	5160-45-07
Ohio home care waiver, transitions DD waiver and transitions carve-out waiver programs: criminal records checks involving independent providers.	5101:3-45-08	5160-45-08

RULES RENUMBERED PURSUANT TO AM. SUB. H.B. 59

RULE TAGLINE	CURRENT NUMBER	NEW NUMBER
ODJFS-administered waivers: quality assurance monitoring and oversight of ODJFS-administered waiver service providers and the contracted case management agency.	5101:3-45-09	5160-45-09
Conditions of participation for Ohio Department of Job and Family Services (ODJFS) administered waiver service providers.	5101:3-45-10	5160-45-10
Ohio home care waiver, transitions DD waiver and transitions carve-out waiver programs: exclusionary periods for disqualifying offenses; certificates; and pardons.	5101:3-45-11	5160-45-11
Provisions for transferring consumers receiving core-plus benefit package services to ODJFS-administered waivers.	5101:3-45-15	5160-45-15
Ohio home care waiver: consumer eligibility for enrollment.	5101:3-46-02	5160-46-02
Ohio home care waiver: definitions of the covered services and provider requirements and specifications.	5101:3-46-04	5160-46-04
Ohio home care waiver program: home care attendant services.	5101:3-46-04.1	5160-46-04.1
Ohio home care waiver program: calculation of the individual cost cap.	5101:3-46-05	5160-46-05
Ohio home care waiver program: reimbursement rates and billing procedures.	5101:3-46-06	5160-46-06
Ohio home care waiver program: home care attendant services reimbursement rates and billing procedures.	5101:3-46-06.1	5160-46-06.1
Ohio home care waiver: enrollment and waiting list process.	5101:3-46-07	5160-46-07
Medicaid coverage of targeted case management services provided to individuals with mental retardation and developmental disabilities.	5101:3-48-01	5160-48-01
Non-Medicaid-funded Ohio access success project.	5101:3-49-01	5160-49-01
Transitions carve-out waiver: consumer eligibility for enrollment.	5101:3-50-02	5160-50-02
Transitions carve-out waiver: eligibility criteria for time-limited enrollment of HOME choice ("Helping Ohioans Move, Expanding Choice") demonstration program participants.	5101:3-50-02.1	5160-50-02.1

RULES RENUMBERED PURSUANT TO AM. SUB. H.B. 59

RULE TAGLINE	CURRENT NUMBER	NEW NUMBER
Transitions carve-out waiver: definitions of the covered services and provider requirements and specifications.	5101:3-50-04	5160-50-04
Transitions carve-out waiver program: home care attendant services.	5101:3-50-04.1	5160-50-04.1
Transitions carve-out waiver program: calculation of the individual cost cap.	5101:3-50-05	5160-50-05
Transitions carve-out waiver program: reimbursement rates and billing procedures.	5101:3-50-06	5160-50-06
Transitions carve-out waiver program: home care attendant services reimbursement rates and billing procedures.	5101:3-50-06.1	5160-50-06.1
HOME choice ("Helping Ohioans Move, Expanding Choice") demonstration program: definitions.	5101:3-51-01	5160-51-01
HOME choice ("Helping Ohioans Move, Expanding Choice") demonstration program: individual eligibility for services and participant hearing rights.	5101:3-51-02	5160-51-02
HOME choice ("Helping Ohioans Move, Expanding Choice") demonstration program: conditions of participation for providers.	5101:3-51-03	5160-51-03
HOME choice ("Helping Ohioans Move, Expanding Choice") demonstration program: definitions of the covered services and program service limitations, provider qualifications and specifications.	5101:3-51-04	5160-51-04
HOME choice ("Helping Ohioans Move, Expanding Choice") demonstration program: process for enrolling service providers.	5101:3-51-05	5160-51-05
HOME choice ("Helping Ohioans Move, Expanding Choice") demonstration program: reimbursement rates and billing procedures.	5101:3-51-06	5160-51-06
Medicaid expansion demonstration programs: metrohealth care plus.	5101:3-54-01	5160-54-01
Hospice services: definitions.	5101:3-56-01	5160-56-01
Hospice services: eligibility and election requirements.	5101:3-56-02	5160-56-02
Hospice services: discharge requirements.	5101:3-56-03	5160-56-03
Hospice services: reporting requirements.	5101:3-56-03.3	5160-56-03.3
Hospice services: provider requirements.	5101:3-56-04	5160-56-04
Hospice services: covered services.	5101:3-56-05	5160-56-05
Hospice services: reimbursement.	5101:3-56-06	5160-56-06

RULES RENUMBERED PURSUANT TO AM. SUB. H.B. 59

RULE TAGLINE	CURRENT NUMBER	NEW NUMBER
Medicaid provider incentive program (MPIP): eligible providers and patient volume requirements.	5101:3-57-01	5160-57-01
Medicaid provider incentive program (MPIP): certified electronic health record technology requirements, adopt, implement, or upgrade and meaningful use stage one.	5101:3-57-02	5160-57-02
Medicaid provider incentive program (MPIP): incentive payments (calculation, duration, amount, and limit).	5101:3-57-03	5160-57-03
Medicaid provider incentive program (MPIP): program integrity and provider appeals.	5101:3-57-04	5160-57-04