5101:3-13-01.4 **Fee-for-service ambulatory health care clinics (AHCCs): outpatient rehabilitation clinics.**

Requirements outlined in rule 5101:3-13-01 of the Administrative Code apply to all fee-for-service AHCCs.

(A) Definitions.

(1) "Outpatient rehabilitation clinic" is defined in accordance with 42 C.F.R. 485.703 (10/01/2006). An outpatient rehabilitation clinic provides "basic rehabilitation services," including any or all of the following services: physical therapy, occupational therapy, speech-language pathology services, audiology services.

(2) "Comprehensive outpatient rehabilitation facility (CORF)" is defined in accordance with 42 C.F.R. 485.51 (10/01/2006). A CORF provides more rehabilitation services than physical therapy, occupational therapy, speech-language pathology (SLP) services, audiology services. A CORF might also provide services such as cardio/pulmonary rehab

(B) Any organization applying to be a medicaid fee-for-service ambulatory health care outpatient rehabilitation clinic provider on and after January 1, 2008 must:

(1) Meet the criteria for fee-for-service AHCC providers in accordance with paragraph (C) of rule 5101:3-13-01 of the Administrative Code; and

(2) Be certified by medicare:

(a) As either an outpatient rehabilitation clinic; or

(b) A CORF.

(3) Provide services in accordance with division level 5101:3 of the Administrative Code, including, but not limited to physical therapy, occupational therapy, and speech language pathology (SLP)/audiology services in accordance with Chapter 5101:3-34 of the Administrative Code.

(C) Coverage limitations set forth in Chapter 5101:3-33 of the Administrative Code also apply to therapy services provided under the auspices of an AHCC.

Replaces: Part of 5101:3-13-01, Part of 5101:3-13-03, Part of
                                             5101:3-13-04

Effective:

R.C. 119.032 review dates:

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Certification

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Date

Promulgated Under: 119.03
Statutory Authority: 5111.02
Rule Amplifies: 5111.01, 5111.02, 5111.021
Prior Effective Dates: 4/7/77, 12/21/77, 12/30/77, 1/8/79, 1/14/83, 4/2/83,
                             4/1/88