

5160-13-01**Service-based ambulatory health care clinics: general provisions.**

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

(B) Definitions.

(1) "Clinic" is an entity that meets all of the following criteria:

(a) It renders clinic services on an outpatient basis under the direction of a physician or dentist. Clinic services are defined in 42 CFR 440.90 (October 1, 2016).

(b) It operates from a fixed location, a specifically designed mobile unit, or both. It is not necessary that a fixed location be administered by a physician or dentist.

(c) It is freestanding—administratively, organizationally, and financially independent of an institution such as a hospital or long-term care facility. It may be physically located in a hospital or long-term care facility so long as it remains independent.

(d) It does not provide overnight accommodations.

(2) "Service-based ambulatory health care clinic" is a clinic to which medicaid makes separate payment for each service or item provided. Policies governing cost-based clinics (federally qualified health centers, rural health clinics, and outpatient health facilities—to which medicaid makes payment on the basis of a visit or encounter) are set forth in Chapter 5160-28 of the Administrative Code.

(C) The following entities may enroll in medicaid as a service-based ambulatory health care clinic:

(1) An end-stage renal disease (ESRD) dialysis clinic, defined in 42 C.F.R. 494.10 (October 1, 2016), that meets the following criteria:

(a) It is certified by medicare as a dialysis facility;

(b) It is licensed by the Ohio department of health in accordance with Chapter 3701-83 of the Administrative Code or, if it is located outside of Ohio, is licensed by its respective state's authority; and

(c) It provides services in accordance with rule 5160-13-02 of the Administrative Code;

(2) A family planning clinic that meets the following criteria:

- (a) It is a public or nonprofit organization;
- (b) It complies with federal guidelines set forth in 42 U.S.C. 300 (as in effect October 1, 2016);
- (c) It receives funding for pregnancy prevention services through Title X of the Public Health Services Act; and
- (d) It provides pregnancy prevention services in accordance with Chapter 5160-21 of the Administrative Code;

(3) An outpatient rehabilitation clinic that delivers rehabilitation services at a medicare-certified rehabilitation agency, defined in 42 C.F.R. 485.703 (October 1, 2016), or at a medicare certified comprehensive outpatient rehabilitation facility (CORF), defined in 42 C.F.R. 485.51 (October 1, 2016);

(4) A primary care clinic that meets either of the following criteria:

- (a) It receives state or federal grant funds for the provision of health services;
or
- (b) It provides primary care services by virtue of certification or accreditation by one of the following entities:
 - (i) The joint commission;
 - (ii) The accreditation association for ambulatory health care (AAAHHC);
 - (iii) The healthcare facilities accreditation program of the American osteopathic association (AOA); or
 - (iv) The community health accreditation program (CHAP);

(5) A professional dental school clinic associated with an accredited dental school;

(6) A professional optometry school clinic associated with an accredited optometry school;

(7) A public health department clinic that meets the following criteria:

- (a) It has legal status as local health department created by a city health district, general health district, or combined health district in accordance with Chapter 3709. of the Revised Code; and

(b) It meets the standards set forth in section 3701.342 of the Revised Code;
or

(8) A speech-language-audiology clinic that specializes in and provides speech, language, or audiology services delivered by professionals who have been certified by the American speech-language-hearing association (ASHA).

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