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136th General Assembly
Regular Session
2025-2026

Sub. H. B. No. 795

To amend sections 109.71, 109.77, 117.10, 117.103,
121.483, 2903.216, 2913.40, 2929.01, 2935.01,
3301.58, 4113.52, 5104.03, 5104.12, 5104.22,
5104.32, 5164.32, 5164.33, 5164.36, and 5164.57
and to enact sections 103.413, 109.851, 109.852,
117.104, 117.61, 3901.93, 5101.5411, 5101.88,
5162.138, 5162.139, 5162.1311, 5162.17, 5162.18,
5162.19, 5162.85, 5162.86, 5162.87, 5162.88,
5162.89, 5164.12, 5164.292, 5164.302, 5164.331,
5164.332, 5164.40, 5164.401, 5164.402, 5164.403,
5164.404, 5164.405, 5164.406, 5164.407, 5164.41,
5164.42, 5164.43, and 5164.54 of the Revised
Code regarding program integrity for certain
components of the Medicaid program and other
public assistance programs, to establish the
Medicaid Program Integrity fund, and to name
this act the Ohio Medicaid Program Integrity and
Fraud Prevention Act.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF OHIO:

Section 1. That sections 109.71, 109.77, 117.10, 117.103, 19



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121.483, 2903.216, 2913.40, 2929.01, 2935.01, 3301.58, 4113.52, 20
5104.03, 5104.12, 5104.22, 5104.32, 5164.32, 5164.33, 5164.36, 21
and 5164.57 be amended and sections 103.413, 109.851, 109.852, 22
117.104, 117.61, 3901.93, 5101.5411, 5101.88, 5162.138, 23
5162.139, 5162.1311, 5162.17, 5162.18, 5162.19, 5162.85, 24
5162.86, 5162.87, 5162.88, 5162.89, 5164.12, 5164.292, 5164.302, 25
5164.331, 5164.332, 5164.40, 5164.401, 5164.402, 5164.403, 26
5164.404, 5164.405, 5164.406, 5164.407, 5164.41, 5164.42, 27
5164.43, and 5164.54 of the Revised Code be enacted to read as 28
follows: 29

Sec. 103.413. Annually, the standing committees of the 30
house of representatives and the senate that primarily consider 31
legislation governing the medicaid program shall meet jointly 32
and conduct a review of one-quarter of the medicaid waiver 33
components as defined in section 5166.01 of the Revised Code 34
operating within the medicaid program. The review shall focus on 35
the waiver's purpose and evaluate the waiver's success at 36
achieving the desired purpose. The standing committees shall 37
review all medicaid waiver components within the medicaid 38
program before conducting a subsequent review of any medicaid 39
waiver component. 40

Sec. 109.71. There is hereby created in the office of the 41
attorney general the Ohio peace officer training commission. The 42
commission shall consist of ten members appointed by the 43
governor with the advice and consent of the senate and selected 44
as follows: one member representing the public; one member who 45
represents a fraternal organization representing law enforcement 46
officers; two members who are incumbent sheriffs; two members 47
who are incumbent chiefs of police; one member from the bureau 48
of criminal identification and investigation; one member from 49
the state highway patrol; one member who is the special agent in 50

charge of a field office of the federal bureau of investigation 51
in this state; and one member from the department of education 52
and workforce, trade and industrial education services, law 53
enforcement training. 54

This section does not confer any arrest authority or any 55
ability or authority to detain a person, write or issue any 56
citation, or provide any disposition alternative, as granted 57
under Chapter 2935. of the Revised Code. 58

The commission is exempt from the requirements of sections 59
101.82 to 101.87 of the Revised Code. 60

As used in sections 109.71 to 109.801 of the Revised Code: 61

(A) "Peace officer" means: 62

(1) A deputy sheriff, marshal, deputy marshal, member of 63
the organized police department of a township or municipal 64
corporation, member of a township police district or joint 65
police district police force, member of a police force employed 66
by a metropolitan housing authority under division (D) of 67
section 3735.31 of the Revised Code, or township constable, who 68
is commissioned and employed as a peace officer by a political 69
subdivision of this state or by a metropolitan housing 70
authority, and whose primary duties are to preserve the peace, 71
to protect life and property, and to enforce the laws of this 72
state, ordinances of a municipal corporation, resolutions of a 73
township, or regulations of a board of county commissioners or 74
board of township trustees, or any of those laws, ordinances, 75
resolutions, or regulations; 76

(2) A police officer who is employed by a railroad company 77
and appointed and commissioned by the secretary of state 78
pursuant to sections 4973.17 to 4973.22 of the Revised Code; 79

- (3) Employees of the department of taxation engaged in the enforcement of Chapter 5743. of the Revised Code and designated by the tax commissioner for peace officer training for purposes of the delegation of investigation powers under section 5743.45 of the Revised Code;
- (4) An undercover drug agent;
- (5) Enforcement agents of the department of public safety whom the director of public safety designates under section 5502.14 of the Revised Code;
- (6) An employee of the department of natural resources who is a natural resources law enforcement staff officer designated pursuant to section 1501.013, a natural resources officer appointed pursuant to section 1501.24, a forest-fire investigator appointed pursuant to section 1503.09, or a wildlife officer designated pursuant to section 1531.13 of the Revised Code;
- (7) An employee of a park district who is designated pursuant to section 511.232 or 1545.13 of the Revised Code;
- (8) An employee of a conservancy district who is designated pursuant to section 6101.75 of the Revised Code;
- (9) A police officer who is employed by a hospital that employs and maintains its own proprietary police department or security department, and who is appointed and commissioned by the secretary of state pursuant to sections 4973.17 to 4973.22 of the Revised Code;
- (10) Veterans' homes police officers designated under section 5907.02 of the Revised Code;
- (11) A police officer who is employed by a qualified

nonprofit corporation police department pursuant to section 108
1702.80 of the Revised Code; 109

(12) A state university law enforcement officer appointed 110
under section 3345.04 of the Revised Code or a person serving as 111
a state university law enforcement officer on a permanent basis 112
on June 19, 1978, who has been awarded a certificate by the 113
executive director of the Ohio peace officer training commission 114
attesting to the person's satisfactory completion of an approved 115
state, county, municipal, or department of natural resources 116
peace officer basic training program; 117

(13) A special police officer employed by the department 118
~~of mental health and addiction services~~ behavioral health 119
pursuant to section 5119.08 of the Revised Code or the 120
department of developmental disabilities pursuant to section 121
5123.13 of the Revised Code; 122

(14) A member of a campus police department appointed 123
under section 1713.50 of the Revised Code; 124

(15) A member of a police force employed by a regional 125
transit authority under division (Y) of section 306.35 of the 126
Revised Code; 127

(16) Investigators appointed by the auditor of state 128
pursuant to section 117.091 of the Revised Code and engaged in 129
the enforcement of Chapter 117. of the Revised Code; 130

(17) A special police officer designated by the 131
superintendent of the state highway patrol pursuant to section 132
5503.09 of the Revised Code or a person who was serving as a 133
special police officer pursuant to that section on a permanent 134
basis on October 21, 1997, and who has been awarded a 135
certificate by the executive director of the Ohio peace officer 136

training commission attesting to the person's satisfactory 137
completion of an approved state, county, municipal, or 138
department of natural resources peace officer basic training 139
program; 140

(18) A special police officer employed by a port authority 141
under section 4582.04 or 4582.28 of the Revised Code or a person 142
serving as a special police officer employed by a port authority 143
on a permanent basis on May 17, 2000, who has been awarded a 144
certificate by the executive director of the Ohio peace officer 145
training commission attesting to the person's satisfactory 146
completion of an approved state, county, municipal, or 147
department of natural resources peace officer basic training 148
program; 149

(19) A special police officer employed by a municipal 150
corporation who has been awarded a certificate by the executive 151
director of the Ohio peace officer training commission for 152
satisfactory completion of an approved peace officer basic 153
training program and who is employed on a permanent basis on or 154
after March 19, 2003, at a municipal airport, or other municipal 155
air navigation facility, that has scheduled operations, as 156
defined in section 119.3 of Title 14 of the Code of Federal 157
Regulations, 14 C.F.R. 119.3, as amended, and that is required 158
to be under a security program and is governed by aviation 159
security rules of the transportation security administration of 160
the United States department of transportation as provided in 161
Parts 1542. and 1544. of Title 49 of the Code of Federal 162
Regulations, as amended; 163

(20) A police officer who is employed by an owner or 164
operator of an amusement park that has an average yearly 165
attendance in excess of six hundred thousand guests and that 166

employs and maintains its own proprietary police department or 167
security department, and who is appointed and commissioned by a 168
judge of the appropriate municipal court or county court 169
pursuant to section 4973.17 of the Revised Code; 170

(21) A police officer who is employed by a bank, savings 171
and loan association, savings bank, credit union, or association 172
of banks, savings and loan associations, savings banks, or 173
credit unions, who has been appointed and commissioned by the 174
secretary of state pursuant to sections 4973.17 to 4973.22 of 175
the Revised Code, and who has been awarded a certificate by the 176
executive director of the Ohio peace officer training commission 177
attesting to the person's satisfactory completion of a state, 178
county, municipal, or department of natural resources peace 179
officer basic training program; 180

(22) An investigator, as defined in section 109.541 of the 181
Revised Code, of the bureau of criminal identification and 182
investigation who is commissioned by the superintendent of the 183
bureau as a special agent for the purpose of assisting law 184
enforcement officers or providing emergency assistance to peace 185
officers pursuant to authority granted under that section; 186

(23) A state fire marshal law enforcement officer 187
appointed under section 3737.22 of the Revised Code or a person 188
serving as a state fire marshal law enforcement officer on a 189
permanent basis on or after July 1, 1982, who has been awarded a 190
certificate by the executive director of the Ohio peace officer 191
training commission attesting to the person's satisfactory 192
completion of an approved state, county, municipal, or 193
department of natural resources peace officer basic training 194
program; 195

(24) A gaming agent employed under section 3772.03 of the 196

Revised Code; 197

(25) An employee of the state board of pharmacy designated 198
by the executive director of the board pursuant to section 199
4729.04 of the Revised Code to investigate violations of 200
Chapters 2925., 3715., 3719., 3796., 4729., and 4752. of the 201
Revised Code and rules adopted thereunder; 202

(26) The inspector general or a deputy inspector general 203
appointed pursuant to section 121.48 of the Revised Code who has 204
been awarded a certificate by the executive director of the Ohio 205
peace officer training commission attesting to the person's 206
satisfactory completion of an approved state, county, municipal, 207
or department of natural resources peace officer basic training 208
program, while the inspector general or deputy inspector general 209
is engaged in the scope of the inspector general's or deputy 210
inspector general's duties under sections 121.42 to 121.52 of 211
the Revised Code. 212

(B) "Undercover drug agent" has the same meaning as in 213
division (B) (2) of section 109.79 of the Revised Code. 214

(C) "Crisis intervention training" means training in the 215
use of interpersonal and communication skills to most 216
effectively and sensitively interview victims of rape. 217

(D) "Missing children" has the same meaning as in section 218
2901.30 of the Revised Code. 219

(E) "Tactical medical professional" means an EMT, EMT- 220
basic, AEMT, EMT-I, paramedic, nurse, or physician who is 221
trained and certified in a nationally recognized tactical 222
medical training program that is equivalent to "tactical combat 223
casualty care" (TCCC) and "tactical emergency medical support" 224
(TEMS) and who functions in the tactical or austere environment 225

while attached to a law enforcement agency of either this state 226
or a political subdivision of this state. 227

(F) "EMT-basic," "EMT-I," and "paramedic" have the same 228
meanings as in section 4765.01 of the Revised Code and "EMT" and 229
"AEMT" have the same meanings as in section 4765.011 of the 230
Revised Code. 231

(G) "Nurse" means any of the following: 232

(1) Any person who is licensed to practice nursing as a 233
registered nurse by the board of nursing; 234

(2) Any certified nurse practitioner, clinical nurse 235
specialist, certified registered nurse anesthetist, or certified 236
nurse-midwife who holds a certificate of authority issued by the 237
board of nursing under Chapter 4723. of the Revised Code; 238

(3) Any person who is licensed to practice nursing as a 239
licensed practical nurse by the board of nursing pursuant to 240
Chapter 4723. of the Revised Code. 241

(H) "Physician" means a person who is licensed pursuant to 242
Chapter 4731. of the Revised Code to practice medicine and 243
surgery or osteopathic medicine and surgery. 244

(I) "County correctional officer" has the same meaning as 245
in section 341.41 of the Revised Code. 246

(J) (1) "Fire investigator" means an employee of a fire 247
department charged with investigating fires and explosions who 248
has been authorized, in accordance with sections 737.27 and 249
3737.24 of the Revised Code, to perform the duties of 250
investigating the origin and cause of fires and explosions using 251
the scientific method to investigate elements of the event 252
including the circumstances, actions, persons, means, and 253

motives that resulted in the fire or explosion or the report of 254
a fire or explosion within this state. 255

(2) "Fire investigator" does not include a person who is 256
acting as a fire investigator on behalf of an insurance company 257
or any other privately owned or operated enterprise. 258

(K) "Fire department" means a fire department of the state 259
or an instrumentality of the state or of a municipal 260
corporation, township, joint fire district, or other political 261
subdivision. 262

(L) "At-risk youth" means an individual who is all of the 263
following: 264

(1) Under twenty-one years of age; 265

(2) One of the following: 266

(a) At risk of becoming an abused, neglected, or dependent 267
child, delinquent or unruly child, or juvenile traffic offender; 268

(b) An abused, neglected, or dependent child, delinquent 269
or unruly child, or juvenile traffic offender. 270

(3) Residing in a state correctional institution, a 271
department of youth services institution, or a residential 272
facility. 273

(M) "Residential facility" has the same meaning as in 274
section 2151.46 of the Revised Code. 275

Sec. 109.77. (A) As used in this section: 276

(1) "Felony" has the same meaning as in section 109.511 of 277
the Revised Code. 278

(2) "Companion animal" has the same meaning as in section 279
959.131 of the Revised Code. 280

(B) (1) Notwithstanding any general, special, or local law 281
or charter to the contrary, and except as otherwise provided in 282
this section, no person shall receive an original appointment on 283
a permanent basis as any of the following unless the person 284
previously has been awarded a certificate by the executive 285
director of the Ohio peace officer training commission attesting 286
to the person's satisfactory completion of an approved state, 287
county, municipal, or department of natural resources peace 288
officer basic training program: 289

(a) A peace officer of any county, township, municipal 290
corporation, regional transit authority, or metropolitan housing 291
authority; 292

(b) A natural resources law enforcement staff officer, 293
forest-fire investigator, wildlife officer, or natural resources 294
officer of the department of natural resources; 295

(c) An employee of a park district under section 511.232 296
or 1545.13 of the Revised Code; 297

(d) An employee of a conservancy district who is 298
designated pursuant to section 6101.75 of the Revised Code; 299

(e) A state university law enforcement officer; 300

(f) A special police officer employed by the department of 301
~~mental health and addiction services~~ behavioral health pursuant 302
to section 5119.08 of the Revised Code or the department of 303
developmental disabilities pursuant to section 5123.13 of the 304
Revised Code; 305

(g) An enforcement agent of the department of public 306
safety whom the director of public safety designates under 307
section 5502.14 of the Revised Code; 308

(h) A special police officer employed by a port authority 309
under section 4582.04 or 4582.28 of the Revised Code; 310

(i) A special police officer employed by a municipal 311
corporation at a municipal airport, or other municipal air 312
navigation facility, that has scheduled operations, as defined 313
in section 119.3 of Title 14 of the Code of Federal Regulations, 314
14 C.F.R. 119.3, as amended, and that is required to be under a 315
security program and is governed by aviation security rules of 316
the transportation security administration of the United States 317
department of transportation as provided in Parts 1542. and 318
1544. of Title 49 of the Code of Federal Regulations, as 319
amended; 320

(j) A gaming agent employed under section 3772.03 of the 321
Revised Code; 322

(k) The inspector general or a deputy inspector general 323
appointed pursuant to section 121.48 of the Revised Code. 324

(2) Every person who is appointed on a temporary basis or 325
for a probationary term or on other than a permanent basis as 326
any of the following shall forfeit the appointed position unless 327
the person previously has completed satisfactorily or, within 328
the time prescribed by rules adopted by the attorney general 329
pursuant to section 109.74 of the Revised Code, satisfactorily 330
completes a state, county, municipal, or department of natural 331
resources peace officer basic training program for temporary or 332
probationary officers and is awarded a certificate by the 333
director attesting to the satisfactory completion of the 334
program: 335

(a) A peace officer of any county, township, municipal 336
corporation, regional transit authority, or metropolitan housing 337

authority; 338

(b) A natural resources law enforcement staff officer, 339
park officer, forest officer, preserve officer, wildlife 340
officer, or state watercraft officer of the department of 341
natural resources; 342

(c) An employee of a park district under section 511.232 343
or 1545.13 of the Revised Code; 344

(d) An employee of a conservancy district who is 345
designated pursuant to section 6101.75 of the Revised Code; 346

(e) A special police officer employed by the department of 347
~~mental health and addiction services~~ behavioral health pursuant 348
to section 5119.08 of the Revised Code or the department of 349
developmental disabilities pursuant to section 5123.13 of the 350
Revised Code; 351

(f) An enforcement agent of the department of public 352
safety whom the director of public safety designates under 353
section 5502.14 of the Revised Code; 354

(g) A special police officer employed by a port authority 355
under section 4582.04 or 4582.28 of the Revised Code; 356

(h) A special police officer employed by a municipal 357
corporation at a municipal airport, or other municipal air 358
navigation facility, that has scheduled operations, as defined 359
in section 119.3 of Title 14 of the Code of Federal Regulations, 360
14 C.F.R. 119.3, as amended, and that is required to be under a 361
security program and is governed by aviation security rules of 362
the transportation security administration of the United States 363
department of transportation as provided in Parts 1542. and 364
1544. of Title 49 of the Code of Federal Regulations, as 365
amended. 366

(3) For purposes of division (B) of this section, a state, 367
county, municipal, or department of natural resources peace 368
officer basic training program, regardless of whether the 369
program is to be completed by peace officers appointed on a 370
permanent or temporary, probationary, or other nonpermanent 371
basis, shall include training in the handling of the offense of 372
domestic violence, other types of domestic violence-related 373
offenses and incidents, protection orders and consent agreements 374
issued or approved under section 2919.26 or 3113.31 of the 375
Revised Code, crisis intervention training, and training on 376
companion animal encounters and companion animal behavior. The 377
requirement to complete training in the handling of the offense 378
of domestic violence, other types of domestic violence-related 379
offenses and incidents, and protection orders and consent 380
agreements issued or approved under section 2919.26 or 3113.31 381
of the Revised Code does not apply to any person serving as a 382
peace officer on March 27, 1979, and the requirement to complete 383
training in crisis intervention does not apply to any person 384
serving as a peace officer on April 4, 1985. Any person who is 385
serving as a peace officer on April 4, 1985, who terminates that 386
employment after that date, and who subsequently is hired as a 387
peace officer by the same or another law enforcement agency 388
shall complete training in crisis intervention as prescribed by 389
rules adopted by the attorney general pursuant to section 390
109.742 of the Revised Code. No peace officer shall have 391
employment as a peace officer terminated and then be reinstated 392
with intent to circumvent this section. 393

(4) Division (B) of this section does not apply to any 394
person serving on a permanent basis on March 28, 1985, as a park 395
officer, forest officer, preserve officer, wildlife officer, or 396
state watercraft officer of the department of natural resources 397

or as an employee of a park district under section 511.232 or 398
1545.13 of the Revised Code, to any person serving on a 399
permanent basis on March 6, 1986, as an employee of a 400
conservancy district designated pursuant to section 6101.75 of 401
the Revised Code, to any person serving on a permanent basis on 402
January 10, 1991, as a preserve officer of the department of 403
natural resources, to any person employed on a permanent basis 404
on July 2, 1992, as a special police officer by the department 405
of ~~mental health and addiction services~~ behavioral health 406
pursuant to section 5119.08 of the Revised Code or by the 407
department of developmental disabilities pursuant to section 408
5123.13 of the Revised Code, to any person serving on a 409
permanent basis on May 17, 2000, as a special police officer 410
employed by a port authority under section 4582.04 or 4582.28 of 411
the Revised Code, to any person serving on a permanent basis on 412
March 19, 2003, as a special police officer employed by a 413
municipal corporation at a municipal airport or other municipal 414
air navigation facility described in division (A)(19) of section 415
109.71 of the Revised Code, to any person serving on a permanent 416
basis on June 19, 1978, as a state university law enforcement 417
officer pursuant to section 3345.04 of the Revised Code and who, 418
immediately prior to June 19, 1978, was serving as a special 419
police officer designated under authority of that section, or to 420
any person serving on a permanent basis on September 20, 1984, 421
as a liquor control investigator, known after June 30, 1999, as 422
an enforcement agent of the department of public safety, engaged 423
in the enforcement of Chapters 4301. and 4303. of the Revised 424
Code. 425

(5) Division (B) of this section does not apply to any 426
person who is appointed as a regional transit authority police 427
officer pursuant to division (Y) of section 306.35 of the 428

Revised Code if, on or before July 1, 1996, the person has 429
completed satisfactorily an approved state, county, municipal, 430
or department of natural resources peace officer basic training 431
program and has been awarded a certificate by the executive 432
director of the Ohio peace officer training commission attesting 433
to the person's satisfactory completion of such an approved 434
program and if, on July 1, 1996, the person is performing peace 435
officer functions for a regional transit authority. 436

(C) No person, after September 20, 1984, shall receive an 437
original appointment on a permanent basis as a veterans' home 438
police officer designated under section 5907.02 of the Revised 439
Code unless the person previously has been awarded a certificate 440
by the executive director of the Ohio peace officer training 441
commission attesting to the person's satisfactory completion of 442
an approved police officer basic training program. Every person 443
who is appointed on a temporary basis or for a probationary term 444
or on other than a permanent basis as a veterans' home police 445
officer designated under section 5907.02 of the Revised Code 446
shall forfeit that position unless the person previously has 447
completed satisfactorily or, within one year from the time of 448
appointment, satisfactorily completes an approved police officer 449
basic training program. 450

(D) No bailiff or deputy bailiff of a court of record of 451
this state and no criminal investigator who is employed by the 452
state public defender shall carry a firearm, as defined in 453
section 2923.11 of the Revised Code, while on duty unless the 454
bailiff, deputy bailiff, or criminal investigator has done or 455
received one of the following: 456

(1) Has been awarded a certificate by the executive 457
director of the Ohio peace officer training commission, which 458

certificate attests to satisfactory completion of an approved 459
state, county, or municipal basic training program for bailiffs 460
and deputy bailiffs of courts of record and for criminal 461
investigators employed by the state public defender that has 462
been recommended by the Ohio peace officer training commission; 463

(2) Has successfully completed a firearms training program 464
approved by the Ohio peace officer training commission prior to 465
employment as a bailiff, deputy bailiff, or criminal 466
investigator; 467

(3) Prior to June 6, 1986, was authorized to carry a 468
firearm by the court that employed the bailiff or deputy bailiff 469
or, in the case of a criminal investigator, by the state public 470
defender and has received training in the use of firearms that 471
the Ohio peace officer training commission determines is 472
equivalent to the training that otherwise is required by 473
division (D) of this section. 474

(E) (1) Before a person seeking a certificate completes an 475
approved peace officer basic training program, the executive 476
director of the Ohio peace officer training commission shall 477
request the person to disclose, and the person shall disclose, 478
any previous criminal conviction of or plea of guilty of that 479
person to a felony. 480

(2) Before a person seeking a certificate completes an 481
approved peace officer basic training program, the executive 482
director shall request a criminal history records check on the 483
person. The executive director shall submit the person's 484
fingerprints to the bureau of criminal identification and 485
investigation, which shall submit the fingerprints to the 486
federal bureau of investigation for a national criminal history 487
records check. 488

Upon receipt of the executive director's request, the 489
bureau of criminal identification and investigation and the 490
federal bureau of investigation shall conduct a criminal history 491
records check on the person and, upon completion of the check, 492
shall provide a copy of the criminal history records check to 493
the executive director. The executive director shall not award 494
any certificate prescribed in this section unless the executive 495
director has received a copy of the criminal history records 496
check on the person to whom the certificate is to be awarded. 497

(3) The executive director of the commission shall not 498
award a certificate prescribed in this section to a person who 499
has been convicted of or has pleaded guilty to a felony or who 500
fails to disclose any previous criminal conviction of or plea of 501
guilty to a felony as required under division (E)(1) of this 502
section. 503

(4) The executive director of the commission shall revoke 504
the certificate awarded to a person as prescribed in this 505
section, and that person shall forfeit all of the benefits 506
derived from being certified as a peace officer under this 507
section, if the person, before completion of an approved peace 508
officer basic training program, failed to disclose any previous 509
criminal conviction of or plea of guilty to a felony as required 510
under division (E)(1) of this section. 511

(F)(1) Regardless of whether the person has been awarded 512
the certificate or has been classified as a peace officer prior 513
to, on, or after October 16, 1996, the executive director of the 514
Ohio peace officer training commission shall revoke any 515
certificate that has been awarded to a person as prescribed in 516
this section if the person does either of the following: 517

(a) Pleads guilty to a felony committed on or after 518

January 1, 1997; 519

(b) Pleads guilty to a misdemeanor committed on or after 520
January 1, 1997, pursuant to a negotiated plea agreement as 521
provided in division (D) of section 2929.43 of the Revised Code 522
in which the person agrees to surrender the certificate awarded 523
to the person under this section. 524

(2) The executive director of the commission shall suspend 525
any certificate that has been awarded to a person as prescribed 526
in this section if the person is convicted, after trial, of a 527
felony committed on or after January 1, 1997. The executive 528
director shall suspend the certificate pursuant to division (F) 529
(2) of this section pending the outcome of an appeal by the 530
person from that conviction to the highest court to which the 531
appeal is taken or until the expiration of the period in which 532
an appeal is required to be filed. If the person files an appeal 533
that results in that person's acquittal of the felony or 534
conviction of a misdemeanor, or in the dismissal of the felony 535
charge against that person, the executive director shall 536
reinstate the certificate awarded to the person under this 537
section. If the person files an appeal from that person's 538
conviction of the felony and the conviction is upheld by the 539
highest court to which the appeal is taken or if the person does 540
not file a timely appeal, the executive director shall revoke 541
the certificate awarded to the person under this section. 542

(G) (1) If a person is awarded a certificate under this 543
section and the certificate is revoked pursuant to division (E) 544
(4) or (F) of this section, the person shall not be eligible to 545
receive, at any time, a certificate attesting to the person's 546
satisfactory completion of a peace officer basic training 547
program. 548

(2) The revocation or suspension of a certificate under 549
division (E) (4) or (F) of this section shall be in accordance 550
with Chapter 119. of the Revised Code. 551

(H) (1) A person who was employed as a peace officer of a 552
county, township, or municipal corporation of the state on 553
January 1, 1966, and who has completed at least sixteen years of 554
full-time active service as such a peace officer, or equivalent 555
service as determined by the executive director of the Ohio 556
peace officer training commission, may receive an original 557
appointment on a permanent basis and serve as a peace officer of 558
a county, township, or municipal corporation, or as a state 559
university law enforcement officer, without complying with the 560
requirements of division (B) of this section. 561

(2) Any person who held an appointment as a state highway 562
trooper on January 1, 1966, may receive an original appointment 563
on a permanent basis and serve as a peace officer of a county, 564
township, or municipal corporation, or as a state university law 565
enforcement officer, without complying with the requirements of 566
division (B) of this section. 567

(I) No person who is appointed as a peace officer of a 568
county, township, or municipal corporation on or after April 9, 569
1985, shall serve as a peace officer of that county, township, 570
or municipal corporation unless the person has received training 571
in the handling of missing children and child abuse and neglect 572
cases from an approved state, county, township, or municipal 573
police officer basic training program or receives the training 574
within the time prescribed by rules adopted by the attorney 575
general pursuant to section 109.741 of the Revised Code. 576

(J) No part of any approved state, county, or municipal 577
basic training program for bailiffs and deputy bailiffs of 578

courts of record and no part of any approved state, county, or 579
municipal basic training program for criminal investigators 580
employed by the state public defender shall be used as credit 581
toward the completion by a peace officer of any part of the 582
approved state, county, or municipal peace officer basic 583
training program that the peace officer is required by this 584
section to complete satisfactorily. 585

(K) This section does not apply to any member of the 586
police department of a municipal corporation in an adjoining 587
state serving in this state under a contract pursuant to section 588
737.04 of the Revised Code. 589

(L) The executive director of the commission shall issue a 590
certificate of completion of a training program required under 591
this section in accordance with Chapter 4796. of the Revised 592
Code to an individual if either of the following applies: 593

(1) The individual holds a certificate of completion of 594
such a program in another state. 595

(2) The individual has satisfactory work experience, a 596
government certification, or a private certification as 597
described in that chapter in the same profession, occupation, or 598
occupational activity as the profession, occupation, or 599
occupational activity for which the certificate is required in 600
this state in a state that does not require completion of such a 601
training program. 602

(M) (1) Except as provided in division (M) (2) of this 603
section, no certificate awarded by the executive director of the 604
Ohio peace officer training commission attesting to a person's 605
satisfactory completion of an approved state, county, municipal, 606
or department of natural resources peace officer basic training 607

program shall be deemed insufficient for an appointment to a 608
position listed in division (B)(1) of this section because of a 609
lapse in the person's service as a peace officer. 610

(2) The Ohio peace officer training commission shall 611
require a re-appointed peace officer to complete refresher 612
training of the following duration prior to performing the 613
functions of a peace officer, if the peace officer, having 614
previously been awarded a certificate by the executive director 615
of the commission attesting to the person's satisfactory 616
completion of an approved state, county, municipal, or 617
department of natural resources peace officer basic training 618
program or pursuant to Chapter 4796. of the Revised Code, for at 619
least one year prior to an appointment, was not employed as a 620
peace officer: 621

(a) If the period of lapse was at least one year, but less 622
than four years, up to forty hours; 623

(b) If the period of lapse was four years or longer, 624
eighty hours. 625

Sec. 109.851. (A) Not later than the first day of February 626
of each year, the attorney general, in collaboration with the 627
auditor of state, shall provide to the director of commerce a 628
list of all individuals against whom a finding for recovery or 629
improper payments has been issued for actions related to the 630
medicaid program. 631

(B) Not later than the first day of March of each year, 632
the director of commerce shall provide to the attorney general a 633
list of any individual included in a request sent by the 634
attorney general pursuant to division (A) of this section who 635
has unclaimed funds delivered or reported to the state under 636

Chapter 169. of the Revised Code.

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(C) If the information the director of commerce provides
identifies or results in identifying unclaimed funds held by the
state for an individual described in division (A) of this
section, the attorney general shall file a claim under section
169.08 of the Revised Code to recover the unclaimed funds. If
the director of commerce allows the claim, the director shall
pay the claim directly to the attorney general. The director of
commerce shall not disallow a claim made by the attorney general
because the attorney general is not the owner of the unclaimed
funds according to the report made pursuant to section 169.03 of
the Revised Code. The director of commerce shall not pay a claim
amount that exceeds the amount of funds owed by an individual
described in division (A) of this section. The attorney general
shall adjust any amounts owed by an individual described in
division (A) of this section if the director of commerce pays
unclaimed funds to the attorney general otherwise owed to the
individual.

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(D) Claims paid in accordance with this section shall be
deposited into the medicaid program integrity fund established
under section 109.852 of the Revised Code.

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Sec. 109.852. (A) The medicaid program integrity fund is
created in the state treasury. The fund shall consist of all
money recovered as a result of medicaid fraud under section
2913.40 of the Revised Code, including restitution, civil
settlements, forfeitures, and any other fraud-related
recoveries. The attorney general shall use the money in the fund
for medicaid fraud enforcement, fraud analytics, whistleblower
administration, verification oversight, and program integrity
operations.

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(B) It is the intent of the general assembly in 667
establishing the medicaid program integrity fund to establish a 668
mechanism for providing funding for medicaid fraud investigation 669
that does not require general revenue funds. 670

Sec. 117.10. (A) The auditor of state shall audit all 671
public offices as provided in this chapter. The auditor of state 672
also may audit the specific funds or accounts of private 673
institutions, associations, boards, and corporations into which 674
has been placed or deposited public money from a public office 675
and may require of them annual reports in such form as the 676
auditor of state prescribes. The auditor of state may audit some 677
or all of the other funds or accounts of a private institution, 678
association, board, or corporation that has received public 679
money from a public office only if one or more of the following 680
applies: 681

(1) The audit is specifically required or authorized by 682
the Revised Code; 683

(2) The private institution, association, board, or 684
corporation requests that the auditor of state audit some or all 685
of its other funds or accounts; 686

(3) All of the revenue of the private institution, 687
association, board, or corporation is composed of public money; 688

(4) The private institution, association, board, or 689
corporation failed to separately and independently account for 690
the public money in its possession, in violation of section 691
117.431 of the Revised Code; 692

(5) The auditor of state has a reasonable belief that the 693
private institution, association, board, or corporation 694
illegally expended, converted, misappropriated, or otherwise 695

cannot account for the public money it received from a public 696
office and that it is necessary to audit its other funds or 697
accounts to make that determination. 698

(B) If the auditor of state performs or contracts for the 699
performance of an audit, including a special audit, of the 700
public employees retirement system, school employees retirement 701
system, state teachers retirement system, state highway patrol 702
retirement system, or Ohio police and fire pension fund, the 703
auditor of state shall make a timely report of the results of 704
the audit to the Ohio retirement study council. 705

(C) The auditor of state may audit the accounts of any 706
medicaid provider, as defined in section 5164.01 of the Revised 707
Code. 708

(D) If a public office has been audited by an agency of 709
the United States government, the auditor of state may, if 710
satisfied that the federal audit has been conducted according to 711
principles and procedures not contrary to those of the auditor 712
of state, use and adopt the federal audit and report in lieu of 713
an audit by the auditor of state's own office. 714

(E) Within thirty days after the creation or dissolution 715
or the winding up of the affairs of any public office, that 716
public office shall notify the auditor of state in writing that 717
this action has occurred. 718

(F) The auditor of state may issue subpoenas compelling 719
the production of books, records, accounts, documents, 720
electronically-stored information, testimony, or other 721
information relevant to any audit, examination, special audit, 722
investigation, or review within the authority of the auditor of 723
state under this chapter. Upon request of the auditor of state, 724

the attorney general shall bring an action in a court of 725
competent jurisdiction to enforce compliance with any subpoena 726
issued pursuant to this section. 727

(G) Nothing in this section precludes the auditor of state 728
from issuing to a private institution, association, board, or 729
corporation a subpoena and compulsory process for the attendance 730
of witnesses or the production of records under section 117.18 731
of the Revised Code if the subpoena and compulsory process is in 732
furtherance of an audit the auditor of state is authorized by 733
law to perform. 734

Sec. 117.103. (A) (1) The auditor of state shall establish 735
and maintain a system for the reporting of fraud, including 736
misuse and misappropriation of public money, by any public 737
office or public official. The system shall allow Ohio residents 738
and the employees of any public office to make ~~anonymous~~ 739
complaints through a toll-free telephone number, the auditor of 740
state's web site, or the United States mail to the auditor of 741
state's office. The person making the complaint may provide the 742
complainant's name or remain anonymous. The auditor of state 743
shall review all complaints in a timely manner. 744

(2) (a) Subject to division (A) (2) (b) of this section, the 745
auditor of state shall keep a log of all complaints filed under 746
this section, which is a public record under section 149.43 of 747
the Revised Code. The log shall include the date the complaint 748
was received, a general description of the nature of the 749
complaint, the name of the public office or agency with regard 750
to which the complaint is directed, and a general description of 751
the status of the review by the auditor of state. If section 752
149.43 of the Revised Code or another statute provides for an 753
applicable exemption from the definition of public record for 754

the information recorded on the log, that information may be 755
redacted. 756

(b) The auditor shall not log a complaint regarding an 757
ongoing criminal investigation, but shall log the complaint not 758
later than thirty days after the investigation is complete. 759

(c) If the auditor of state determines that a report made 760
under division (A) (1) of this section involves probable fraud or 761
theft, including misuse and misappropriation of public money by 762
any public office or public official, the auditor of state shall 763
promptly notify the prosecuting attorney, director of law, 764
village solicitor, or similar chief legal officer of the 765
municipal corporation in whose jurisdiction the probable fraud 766
or theft occurred, unless the prosecuting attorney, director of 767
law, village solicitor, or similar chief legal officer of the 768
municipal corporation is identified in the report as the alleged 769
perpetrator of the fraud or theft. 770

(B) The auditor of state shall create training material 771
detailing Ohio's fraud-reporting system and the means of 772
reporting fraud, waste, and abuse. The department of 773
administrative services shall provide the auditor of state's 774
training material to each state employee, statewide elected 775
official, and member of the general assembly. Such materials 776
shall be as concise as practicable. The auditor of state shall 777
provide the training material to employees and elected officials 778
of a political subdivision. Current employees and elected 779
officials as of ~~the effective date of this amendment~~ October 3, 780
2023, shall complete the training within ninety days of a date 781
specified by the auditor of state unless good cause exists for 782
noncompliance. Each new employee or elected official shall 783
confirm receipt of this material within thirty days after taking 784

office or beginning employment. The training shall be required 785
every four years for each employee or elected official. The 786
auditor of state shall provide a model form on the auditor of 787
state's web site to be printed and used by public employees and 788
elected officials to sign and verify their receipt of material 789
as required by this section. The auditor of state shall confirm, 790
when conducting an audit under section 117.11 of the Revised 791
Code, that public employees and elected officials have been 792
provided material as required by this division. 793

Sec. 117.104. (A) As used in this section: 794

(1) "Misappropriation of public money" and "misuse of 795
public money" have the same meanings as in section 4113.52 of 796
the Revised Code. 797

(2) "Fraud" means fraud, theft in office, or the misuse or 798
misappropriation of public money by any public office or public 799
official. 800

(B) A person who reports fraud may receive an award from 801
the auditor of state if all of the following apply: 802

(1) The person reports fraud to the auditor of state's 803
fraud-reporting system under section 117.103 of the Revised 804
Code. 805

(2) A public office or public official is found liable for 806
fraud in a civil or criminal action as a result of the person 807
reporting fraud. 808

(3) The person who reports fraud is not found liable for 809
the fraud in a civil or criminal action described in division 810
(B) (2) of this section. 811

(C) If the criteria in division (B) are satisfied and the 812

court that finds the public office or public official liable for 813
fraud awards the state monetary damages, the auditor of state 814
may award the person who reported the fraud up to ten per cent 815
of the monetary damages in an amount not to exceed ten thousand 816
dollars. The award shall be paid to the person who reported the 817
fraud from the fraud reporting fund created by division (D) of 818
this section. 819

(D) The fraud reporting fund is created in the state 820
treasury. If the auditor of state decides to pay an award to the 821
person who reported the fraud, the amount of the award shall be 822
deducted from the monetary damages awarded to the state and 823
credited to the fund. The auditor of state shall use the money 824
in the fund only for the purposes of paying awards to persons 825
who report fraud as described in division (C) of this section. 826

Sec. 117.61. (A) The auditor of state shall establish an 827
independent forensic audit and compliance framework for 828
monitoring the medicaid program. The framework shall monitor 829
medicaid providers considered to be at high risk of committing 830
fraud within the medicaid program. The auditor may contract with 831
outside forensic auditors and compliance professionals as 832
necessary to operate the framework. 833

(B) If a medicaid provider is flagged by analytical data 834
under the compliance framework or is subject to a suspension of 835
medicaid payments under section 5164.36 of the Revised Code, the 836
auditor of state may subject that provider to continuing 837
forensic audits. 838

(C) No standing committee of the house of representatives 839
or senate shall hold a hearing on legislation concerning the 840
integrity of the medicaid program unless a forensic audit has 841
been conducted under this section. 842

Sec. 121.483. ~~A—The inspector general or a deputy~~ 843
inspector general appointed under section 121.48 of the Revised 844
Code, who has been awarded a certificate by the executive 845
director of the Ohio peace officer training commission attesting 846
to the person's satisfactory completion of an approved state, 847
county, ~~or municipal, or department of natural resources~~ peace 848
officer basic training program, ~~shall, during the term of the~~ 849
~~deputy inspector general's appointment, be considered a peace~~ 850
~~officer for the purpose of maintaining a current and valid basic~~ 851
~~training certificate pursuant to rules adopted under section~~ 852
~~109.74 of the Revised Code~~ under section 109.77 of the Revised 853
Code has the same arrest authority as a peace officer. The 854
inspector general or a deputy inspector general may exercise 855
this arrest authority only while the inspector general or a 856
deputy inspector general is engaged in the scope of the 857
inspector general's or deputy inspector general's duties under 858
sections 121.42 to 121.52 of the Revised Code. 859

Sec. 2903.216. (A) As used in this section: 860

(1) "Business entity" means any form of corporation, 861
partnership, association, cooperative, joint venture, business 862
trust, or sole proprietorship that conducts business in this 863
state. 864

(2) "Business of private investigation" and "private 865
investigator" have the same meanings as in section 4749.01 of 866
the Revised Code. 867

(3) "Disabled adult" and "elderly person" have the same 868
meanings as in section 2913.01 of the Revised Code. 869

(4) "Electronic monitoring" and "electronic monitoring 870
device" have the same meanings as in section 2929.01 of the 871

Revised Code. 872

(5) "Law enforcement agency" means any organization or 873
unit comprised of law enforcement officers, and also includes 874
any federal or military law enforcement agency. 875

(6) "Person" means an individual, but does not include a 876
business entity. 877

(7) "Ohio protection order" means a protection order filed 878
or issued or a consent agreement approved pursuant to section 879
2919.26 or 3113.31 of the Revised Code, a protection order filed 880
or issued pursuant to section 2151.34, 2903.213, or 2903.214 of 881
the Revised Code, or a no contact order issued as any of the 882
following: 883

(a) As part of a person's sentence under a community 884
control sanction imposed under section 2929.16, 2929.17, 885
2929.26, or 2929.27 of the Revised Code; 886

(b) As a term or condition of a person's release under 887
section 2929.20 of the Revised Code; 888

(c) As a post-release control sanction imposed as a 889
condition of a person's post-release control under section 890
2967.28 of the Revised Code; 891

(d) As a term of supervision for a person transferred to 892
transitional control under section 2967.26 of the Revised Code; 893

(e) As a term or condition of the intervention plan of a 894
person granted intervention in lieu of conviction under section 895
2951.041 of the Revised Code. 896

(8) "Protection order issued by a court of another state" 897
has the same meaning as in section 2919.27 of the Revised Code. 898

(9) "Tracking application" means any software program that 899
permits a person to remotely determine or track the position or 900
movement of another person or another person's property. 901

(10) "Tracking device" means an electronic or mechanical 902
device that permits a person to remotely determine or track the 903
position or movement of another person or another person's 904
property, including an electronic monitoring device. 905

(B) Except as otherwise provided in division (D) of this 906
section, no person shall knowingly do either of the following: 907

(1) Install a tracking device or tracking application on 908
another person's property without the other person's consent or 909
cause a tracking device or tracking application to track the 910
position or movement of another person or another person's 911
property without the other person's consent; 912

(2) If the person installed a tracking device or tracking 913
application on another's property with the other person's 914
consent and the other person subsequently revokes that consent, 915
fail to remove or ensure the removal of the device or 916
application after the other person revokes the consent. 917

(C) (1) For purposes of this section, if a person has given 918
consent for another to install a tracking device or tracking 919
application on the consenting person's property, it is presumed 920
that the consenting person has revoked that consent if any of 921
the following applies: 922

(a) The consenting person and the person to whom consent 923
was given are lawfully married and one of them files a complaint 924
for divorce or a petition for dissolution of marriage from the 925
other. Not later than seventy-two hours after being served with 926
a complaint for divorce or a petition for dissolution of 927

marriage, the person to whom consent was given shall lawfully 928
uninstall or discontinue use of the tracking device or tracking 929
application. If the person to whom consent was given cannot 930
lawfully uninstall or discontinue use of the tracking device or 931
tracking application, the person to whom consent was given shall 932
notify the court in which the complaint for divorce or the 933
petition for dissolution of marriage was filed in writing. 934

(b) The consenting person or the person to whom consent 935
was given files an Ohio protection order against the other 936
person or an Ohio protection order is issued against the other 937
person, and the person to be protected under the order is the 938
consenting person. Not later than seventy-two hours after being 939
served with the Ohio protection order, the person to whom 940
consent was given shall lawfully uninstall or discontinue use of 941
the tracking device or tracking application. If the person to 942
whom consent was given cannot lawfully uninstall or discontinue 943
use of the tracking device or tracking application, the person 944
to whom consent was given shall notify the court that issued the 945
Ohio protection order in writing that the person to whom consent 946
was given has installed or is using a tracking device or 947
tracking application on the previously consenting person's 948
person or the person's property and cannot uninstall or 949
discontinue its use without violating the Ohio protection order. 950

(2) Revocation of consent under this division is effective 951
upon the service of the petition or motion or an Ohio protection 952
order. 953

(D) This section does not apply to any of the following: 954

(1) A law enforcement officer, or any law enforcement 955
agency, that installs a tracking device or tracking application 956
on another person's property or causes a tracking device or 957

tracking application to track the position or movement of 958
another person or another person's property as part of a 959
criminal investigation, or a probation officer, parole officer, 960
or employee of the department of rehabilitation and correction, 961
a halfway house, or a community-based correctional facility when 962
engaged in the lawful performance of the officer's or employee's 963
official duties; 964

(2) A parent or legal guardian of a minor child who 965
installs or uses a tracking device or tracking application to 966
track the minor child if any of the following applies: 967

(a) The parents or legal guardians of the child are 968
lawfully married to each other and are not separated or 969
otherwise living apart, and either of those parents or legal 970
guardians consents to the installation of the tracking device or 971
tracking application; 972

(b) The parent or legal guardian of the child is the sole 973
surviving parent or legal guardian of the child; 974

(c) The parent or legal guardian of the child has sole 975
custody of the child; 976

(d) The parents or legal guardians of the child are 977
divorced, separated, or otherwise living apart and neither 978
parent has sole custody of the child, and both consent to the 979
installation of the tracking device or tracking application; 980

(e) The parents or legal guardians of the child are 981
divorced, separated, or otherwise living apart, neither parent 982
has sole custody of the child, and either only one parent 983
consents to the installation of the tracking device or tracking 984
application or one parent revokes consent, if the consenting 985
parent only uses the tracking device or tracking application 986

during that parent's parenting or custodial time and disables or 987
removes the tracking device or application during the 988
nonconsenting parent's parenting or custodial time. 989

(3) A caregiver of an elderly person or disabled adult, if 990
the elderly person's or disabled adult's treating physician 991
certifies that the installation of a tracking device or tracking 992
application onto the elderly person's or disabled adult's 993
property is necessary to ensure the safety of the elderly person 994
or disabled adult; 995

(4) A person acting in good faith on behalf of a business 996
entity for a legitimate business purpose, provided that this 997
division does not apply to a private investigator engaged in the 998
business of private investigation on behalf of another person; 999

(5) (a) A private investigator or other person licensed 1000
under section 4749.03 of the Revised Code, who is acting in the 1001
normal course of the investigator's business of private 1002
investigation on behalf of another person and who has the 1003
consent of the owner of the property upon which the tracking 1004
device or tracking application is installed, for the purpose of 1005
obtaining information with reference to any of the following: 1006

(i) Criminal offenses committed, threatened, or suspected 1007
against the United States, a territory of the United States, a 1008
state, or any person or legal entity; 1009

(ii) Locating an individual known to be a fugitive from 1010
justice; 1011

(iii) Locating lost or stolen property or other assets 1012
that have been awarded by the court; 1013

(iv) Investigating claims related to workers' 1014
compensation. 1015

(b) This division does not apply if the person on whose 1016
behalf the private investigator is working is the subject of an 1017
Ohio protection order or a protection order issued by a court of 1018
another state or if the private investigator knows or reasonably 1019
should know that the person on whose behalf the private 1020
investigator is working seeks the investigator's services to aid 1021
in the commission of a crime. 1022

(6) An owner or lessee of a motor vehicle who installs, or 1023
directs the installation of, a tracking device or tracking 1024
application on the vehicle during the period of ownership or 1025
lease, if any of the following applies: 1026

(a) The tracking device or tracking application is removed 1027
before the vehicle's title is transferred or the vehicle's lease 1028
expires; 1029

(b) The new owner of the vehicle, in the case of a sale, 1030
or the lessor of the vehicle, in the case of an expired lease, 1031
consents in writing to the non-removal of the tracking device or 1032
tracking application; 1033

(c) The owner of the vehicle at the time of the 1034
installation of the tracking device or tracking application was 1035
the original manufacturer of the vehicle. 1036

(7) A person who installs a tracking device or application 1037
on property in which the person has an ownership or contractual 1038
interest, unless the person is the subject of a protective order 1039
and the property is likely to be used by the person who obtained 1040
the protective order; 1041

(8) A person or business entity that installs a tracking 1042
device or tracking application on any fixed wing aircraft or 1043
rotorcraft operated or managed by the person or business entity 1044

pursuant to 14 C.F.R. part 91 or part 135 to track the position 1045
or movement of the fixed wing aircraft or rotorcraft; 1046

(9) A surety bail bond agent, or any employee or 1047
contractor of a surety bail bond agent, that installs a tracking 1048
device or tracking application on another person's property or 1049
causes a tracking device or tracking application to track the 1050
position or movement of another person or another person's 1051
property as part of the surety bail bond agent's, employee's, or 1052
contractor's official responsibilities or duties; 1053

(10) The use of location verification technology by the 1054
department of medicaid, a medicaid provider, a provider's 1055
employee or contractor, or an electronic visit verification 1056
vendor when the technology is used solely to comply with 1057
electronic visit verification requirements under state or 1058
federal law including all of the following, provided that 1059
verification technology is not used for continuous tracking 1060
outside of the delivery of medicaid-covered services: 1061

(a) Verification of the beginning or ending of a medicaid- 1062
covered service; 1063

(b) Validating a claim for medicaid payment; 1064

(c) Support for integrity of the medicaid program 1065
including audit, investigation, payment, or recovery activities. 1066

(E) For purposes of division (D)(1) of this section, a 1067
probation officer, parole officer, or employee of the department 1068
of rehabilitation and correction, a halfway house, or a 1069
community-based correctional facility is engaged in the lawful 1070
performance of the officer's or employee's duties if both of the 1071
following apply: 1072

(1) The court or the department of rehabilitation and 1073

correction imposes electronic monitoring on a person. 1074

(2) The officer or employee installs or uses an electronic 1075
monitoring device on that person in accordance with the court's 1076
or department's imposition of electronic monitoring of that 1077
person. 1078

(F) Whoever violates this section is guilty of illegal use 1079
of a tracking device or application. 1080

(1) Except as otherwise provided in division (F) (2) of 1081
this section, illegal use of a tracking device or application is 1082
a misdemeanor of the first degree. 1083

(2) Illegal use of a tracking device or application is a 1084
felony of the fourth degree if any of the following applies: 1085

(a) The offender previously has been convicted of or 1086
pleaded guilty to a violation of this section or section 1087
2903.211 of the Revised Code. 1088

(b) At the time of the commission of the offense, the 1089
offender was the subject of a protection order issued under 1090
section 2903.213 or 2903.214 of the Revised Code, regardless of 1091
whether the person to be protected under the order is the victim 1092
of the offense or another person. 1093

(c) Prior to committing the offense, the offender had been 1094
determined to represent a substantial risk of physical harm to 1095
others as manifested by evidence of then-recent homicidal or 1096
other violent behavior, evidence of then-recent threats that 1097
placed another in reasonable fear of violent behavior and 1098
serious physical harm, or other evidence of then-present 1099
dangerousness. 1100

(d) The offender has a history of violence toward the 1101

victim or a history of other violent acts towards the victim. 1102

Sec. 2913.40. (A) As used in this section: 1103

(1) "Statement or representation" means any oral, written, 1104
electronic, electronic impulse, or magnetic communication that 1105
is used to identify an item of goods or a service for which 1106
reimbursement may be made under the medicaid program or that 1107
states income and expense and is or may be used to determine a 1108
rate of reimbursement under the medicaid program. 1109

(2) "Provider" means any person who has signed a provider 1110
agreement with the department of medicaid to provide goods or 1111
services pursuant to the medicaid program or any person who has 1112
signed an agreement with a party to such a provider agreement 1113
under which the person agrees to provide goods or services that 1114
are reimbursable under the medicaid program. 1115

(3) "Provider agreement" has the same meaning as in 1116
section 5164.01 of the Revised Code. 1117

(4) "Recipient" means any individual who receives goods or 1118
services from a provider under the medicaid program. 1119

(5) "Records" means any medical, professional, financial, 1120
or business records relating to the treatment or care of any 1121
recipient, to goods or services provided to any recipient, or to 1122
rates paid for goods or services provided to any recipient and 1123
any records that are required by the rules of the medicaid 1124
director to be kept for the medicaid program. 1125

(6) "Mandatory prison term" has the same meaning as 1126
defined in section 2929.01 of the Revised Code. 1127

(7) "Presumption that a prison term shall be imposed" 1128
means a presumption, as described in division (D) of section 1129

2929.13 of the Revised Code, that a prison term is a necessary 1130
sanction for a felony in order to comply with the purposes and 1131
principles of sentencing under section 2929.11 of the Revised 1132
Code. 1133

(B) No person shall knowingly make or cause to be made a 1134
false or misleading statement or representation for use in 1135
obtaining reimbursement from the medicaid program. 1136

(C) No person, with purpose to commit fraud or knowing 1137
that the person is facilitating a fraud, shall do either of the 1138
following: 1139

(1) Contrary to the terms of the person's provider 1140
agreement, charge, solicit, accept, or receive for goods or 1141
services that the person provides under the medicaid program any 1142
property, money, or other consideration in addition to the 1143
amount of reimbursement under the medicaid program and the 1144
person's provider agreement for the goods or services and any 1145
cost-sharing expenses authorized by section 5162.20 of the 1146
Revised Code or rules adopted by the medicaid director regarding 1147
the medicaid program. 1148

(2) Solicit, offer, or receive any remuneration, other 1149
than any cost-sharing expenses authorized by section 5162.20 of 1150
the Revised Code or rules adopted by the medicaid director 1151
regarding the medicaid program, in cash or in kind, including, 1152
but not limited to, a kickback or rebate, in connection with the 1153
furnishing of goods or services for which whole or partial 1154
reimbursement is or may be made under the medicaid program. 1155

(D) No person, having submitted a claim for or provided 1156
goods or services under the medicaid program, shall do either of 1157
the following for a period of at least six years after a 1158

reimbursement pursuant to that claim, or a reimbursement for 1159
those goods or services, is received under the medicaid program: 1160

(1) Knowingly alter, falsify, destroy, conceal, or remove 1161
any records that are necessary to fully disclose the nature of 1162
all goods or services for which the claim was submitted, or for 1163
which reimbursement was received, by the person; 1164

(2) Knowingly alter, falsify, destroy, conceal, or remove 1165
any records that are necessary to disclose fully all income and 1166
expenditures upon which rates of reimbursements were based for 1167
the person. 1168

~~(E)~~ (E) (1) Whoever violates this section is guilty of 1169
medicaid fraud. Except as otherwise provided in ~~this division~~ 1170
(E) (1) of this section, medicaid fraud is a ~~misdemeanor of the~~ 1171
first felony of the fifth degree.~~If~~ 1172

(a) If the value of property, services, or funds obtained 1173
in violation of this section is one thousand dollars or more and 1174
is less than ~~seven thousand five hundred dollars~~ five thousand 1175
dollars, medicaid fraud is a felony of the ~~fifth~~ fourth degree.~~-~~ 1176
~~If~~ 1177

(b) If the value of property, services, or funds obtained 1178
in violation of this section is ~~seven thousand five hundred five~~ 1179
thousand dollars or more and is less than ~~one hundred fifty~~ 1180
twenty-five thousand dollars, medicaid fraud is a felony of the 1181
~~fourth~~ third degree.~~If~~ 1182

(c) If the value of the property, services, or funds 1183
obtained in violation of this section is ~~one hundred fifty~~ 1184
twenty-five thousand dollars or more and is less than seventy- 1185
five thousand dollars, medicaid fraud is a felony of the third 1186
degree and there is a presumption for a prison term. 1187

(d) If the value of the property, services, or funds 1188
obtained in violation of this section is seventy-five thousand 1189
dollars or more and is less than one hundred fifty thousand 1190
dollars, medicaid fraud is a felony of the second degree and, if 1191
the court imposes a prison term for the offense, the court shall 1192
impose on the offender as a mandatory prison term one of the 1193
prison terms prescribed for a felony of the second degree. 1194

(e) If the value of the property or services stolen is one 1195
hundred fifty thousand dollars or more, medicaid fraud is a 1196
felony of the first degree and, if the court imposes a prison 1197
term for the offense, the court shall impose on the offender as 1198
a mandatory prison term one of the prison terms prescribed for a 1199
felony of the first degree. 1200

(2) In addition to the penalties specified in division (E) 1201
(1) of this section, a court may require a person who violates 1202
this section to pay restitution in an amount not to exceed two 1203
hundred per cent of the value of the property, services, or 1204
funds obtained in violation of this section. Any restitution 1205
required under this section shall be paid to the medicaid 1206
program integrity fund established under section 109.852 of the 1207
Revised Code. 1208

(F) Upon application of the governmental agency, office, 1209
or other entity that conducted the investigation and prosecution 1210
in a case under this section, the court shall order any person 1211
who is convicted of a violation of this section for receiving 1212
any reimbursement for furnishing goods or services under the 1213
medicaid program to which the person is not entitled to pay to 1214
the applicant its cost of investigating and prosecuting the 1215
case. The costs of investigation and prosecution that a 1216
defendant is ordered to pay pursuant to this division shall be 1217

in addition to any other penalties for the receipt of that 1218
reimbursement that are provided in this section, section 5164.35 1219
of the Revised Code, or any other provision of law. 1220

(G) The provisions of this section are not intended to be 1221
exclusive remedies and do not preclude the use of any other 1222
criminal or civil remedy for any act that is in violation of 1223
this section. 1224

Sec. 2929.01. As used in this chapter: 1225

(A) (1) "Alternative residential facility" means, subject 1226
to divisions (A) (2) and (3) of this section, any facility other 1227
than an offender's home or residence in which an offender is 1228
assigned to live and that satisfies all of the following 1229
criteria: 1230

(a) It provides programs through which the offender may 1231
seek or maintain employment or may receive education, training, 1232
treatment, or habilitation. 1233

(b) It has received the appropriate license or certificate 1234
for any specialized education, training, treatment, 1235
habilitation, or other service that it provides from the 1236
government agency that is responsible for licensing or 1237
certifying that type of education, training, treatment, 1238
habilitation, or service. 1239

(2) "Alternative residential facility" does not include a 1240
community-based correctional facility, jail, halfway house, or 1241
prison. 1242

(3) "Alternative residential facility" includes a 1243
community alternative sentencing center or district community 1244
alternative sentencing center when authorized by section 307.932 1245
of the Revised Code and when the center is being used for an OVI 1246

term of confinement, as defined by that section. 1247

(B) "Basic probation supervision" means a requirement that 1248
the offender maintain contact with a person appointed to 1249
supervise the offender in accordance with sanctions imposed by 1250
the court or imposed by the parole board pursuant to section 1251
2967.28 of the Revised Code. "Basic probation supervision" 1252
includes basic parole supervision and basic post-release control 1253
supervision. 1254

(C) "Cocaine," "fentanyl-related compound," "hashish," 1255
"L.S.D.," and "unit dose" have the same meanings as in section 1256
2925.01 of the Revised Code. 1257

(D) "Community-based correctional facility" means a 1258
community-based correctional facility and program or district 1259
community-based correctional facility and program developed 1260
pursuant to sections 2301.51 to 2301.58 of the Revised Code. 1261

(E) "Community control sanction" means a sanction that is 1262
not a prison term and that is described in section 2929.15, 1263
2929.16, 2929.17, or 2929.18 of the Revised Code or a sanction 1264
that is not a jail term and that is described in section 1265
2929.26, 2929.27, or 2929.28 of the Revised Code. "Community 1266
control sanction" includes probation if the sentence involved 1267
was imposed for a felony that was committed prior to July 1, 1268
1996, or if the sentence involved was imposed for a misdemeanor 1269
that was committed prior to January 1, 2004. 1270

(F) "Controlled substance," "marihuana," "schedule I," and 1271
"schedule II" have the same meanings as in section 3719.01 of 1272
the Revised Code. 1273

(G) "Curfew" means a requirement that an offender during a 1274
specified period of time be at a designated place. 1275

(H) "Day reporting" means a sanction pursuant to which an offender is required each day to report to and leave a center or other approved reporting location at specified times in order to participate in work, education or training, treatment, and other approved programs at the center or outside the center.

(I) "Deadly weapon" has the same meaning as in section 2923.11 of the Revised Code.

(J) "Drug and alcohol use monitoring" means a program under which an offender agrees to submit to random chemical analysis of the offender's blood, breath, or urine to determine whether the offender has ingested any alcohol or other drugs.

(K) "Drug treatment program" means any program under which a person undergoes assessment and treatment designed to reduce or completely eliminate the person's physical or emotional reliance upon alcohol, another drug, or alcohol and another drug and under which the person may be required to receive assessment and treatment on an outpatient basis or may be required to reside at a facility other than the person's home or residence while undergoing assessment and treatment.

(L) "Economic loss" means any economic detriment suffered by a victim as a direct and proximate result of the commission of an offense and includes any loss of income due to lost time at work because of any injury caused to the victim, any property loss, medical cost, or funeral expense incurred as a result of the commission of the offense, and the cost of any accounting or auditing done to determine the extent of loss if the cost is incurred and payable by the victim. "Economic loss" does not include non-economic loss or any punitive or exemplary damages.

(M) "Education or training" includes study at, or in

conjunction with a program offered by, a university, college, or 1305
technical college or vocational study and also includes the 1306
completion of primary school, secondary school, and literacy 1307
curricula or their equivalent. 1308

(N) "Firearm" has the same meaning as in section 2923.11 1309
of the Revised Code. 1310

(O) "Halfway house" means a facility licensed by the 1311
division of parole and community services of the department of 1312
rehabilitation and correction pursuant to section 2967.14 of the 1313
Revised Code as a suitable facility for the care and treatment 1314
of adult offenders. 1315

(P) "House arrest" means a period of confinement of an 1316
offender that is in the offender's home or in other premises 1317
specified by the sentencing court or by the parole board 1318
pursuant to section 2967.28 of the Revised Code and during which 1319
all of the following apply: 1320

(1) The offender is required to remain in the offender's 1321
home or other specified premises for the specified period of 1322
confinement, except for periods of time during which the 1323
offender is at the offender's place of employment or at other 1324
premises as authorized by the sentencing court or by the parole 1325
board. 1326

(2) The offender is required to report periodically to a 1327
person designated by the court or parole board. 1328

(3) The offender is subject to any other restrictions and 1329
requirements that may be imposed by the sentencing court or by 1330
the parole board. 1331

(Q) "Intensive probation supervision" means a requirement 1332
that an offender maintain frequent contact with a person 1333

appointed by the court, or by the parole board pursuant to 1334
section 2967.28 of the Revised Code, to supervise the offender 1335
while the offender is seeking or maintaining necessary 1336
employment and participating in training, education, and 1337
treatment programs as required in the court's or parole board's 1338
order. "Intensive probation supervision" includes intensive 1339
parole supervision and intensive post-release control 1340
supervision. 1341

(R) "Jail" means a jail, workhouse, minimum security jail, 1342
or other residential facility used for the confinement of 1343
alleged or convicted offenders that is operated by a political 1344
subdivision or a combination of political subdivisions of this 1345
state. 1346

(S) "Jail term" means the term in a jail that a sentencing 1347
court imposes or is authorized to impose pursuant to section 1348
2929.24 or 2929.25 of the Revised Code or pursuant to any other 1349
provision of the Revised Code that authorizes a term in a jail 1350
for a misdemeanor conviction. 1351

(T) "Mandatory jail term" means the term in a jail that a 1352
sentencing court is required to impose pursuant to division (G) 1353
of section 1547.99 of the Revised Code, division (E) of section 1354
2903.06 or division (D) of section 2903.08 of the Revised Code, 1355
division (F) of section 2929.24 of the Revised Code, division 1356
(B) of section 4510.14 of the Revised Code, or division (G) of 1357
section 4511.19 of the Revised Code or pursuant to any other 1358
provision of the Revised Code that requires a term in a jail for 1359
a misdemeanor conviction. 1360

(U) "Delinquent child" has the same meaning as in section 1361
2152.02 of the Revised Code. 1362

(V) "License violation report" means a report that is made 1363
by a sentencing court, or by the parole board pursuant to 1364
section 2967.28 of the Revised Code, to the regulatory or 1365
licensing board or agency that issued an offender a professional 1366
license or a license or permit to do business in this state and 1367
that specifies that the offender has been convicted of or 1368
pleaded guilty to an offense that may violate the conditions 1369
under which the offender's professional license or license or 1370
permit to do business in this state was granted or an offense 1371
for which the offender's professional license or license or 1372
permit to do business in this state may be revoked or suspended. 1373

(W) "Major drug offender" means an offender who is 1374
convicted of or pleads guilty to the possession of, sale of, or 1375
offer to sell any drug, compound, mixture, preparation, or 1376
substance that consists of or contains at least one thousand 1377
grams of hashish; at least one hundred grams of cocaine; at 1378
least one thousand unit doses or one hundred grams of heroin; at 1379
least five thousand unit doses of L.S.D. or five hundred grams 1380
of L.S.D. in a liquid concentrate, liquid extract, or liquid 1381
distillate form; at least fifty grams of a controlled substance 1382
analog; at least one thousand unit doses or one hundred grams of 1383
a fentanyl-related compound; or at least one hundred times the 1384
amount of any other schedule I or II controlled substance other 1385
than marihuana that is necessary to commit a felony of the third 1386
degree pursuant to section 2925.03, 2925.04, 2925.05, or 2925.11 1387
of the Revised Code that is based on the possession of, sale of, 1388
or offer to sell the controlled substance. 1389

(X) "Mandatory prison term" means any of the following: 1390

(1) Subject to division (X)(2) of this section, the term 1391
in prison that must be imposed for the offenses or circumstances 1392

set forth in divisions (F) (1) to (8) or (F) (12) to (21) of 1393
section 2929.13 and division (B) of section 2929.14 of the 1394
Revised Code. Except as provided in sections 2925.02, 2925.03, 1395
2925.04, 2925.05, and 2925.11 of the Revised Code, unless the 1396
maximum or another specific term is required under section 1397
2929.14 or 2929.142 of the Revised Code, a mandatory prison term 1398
described in this division may be any prison term authorized for 1399
the level of offense except that if the offense is a felony of 1400
the first or second degree committed on or after March 22, 2019, 1401
a mandatory prison term described in this division may be one of 1402
the terms prescribed in division (A) (1) (a) or (2) (a) of section 1403
2929.14 of the Revised Code, whichever is applicable, that is 1404
authorized as the minimum term for the offense. 1405

(2) The term of sixty or one hundred twenty days in prison 1406
that a sentencing court is required to impose for a third or 1407
fourth degree felony OVI offense pursuant to division (G) (2) of 1408
section 2929.13 and division (G) (1) (d) or (e) of section 4511.19 1409
of the Revised Code or the term of one, two, three, four, or 1410
five years in prison that a sentencing court is required to 1411
impose pursuant to division (G) (2) of section 2929.13 of the 1412
Revised Code. 1413

(3) The term in prison imposed pursuant to division (A) of 1414
section 2971.03 of the Revised Code for the offenses and in the 1415
circumstances described in division (F) (11) of section 2929.13 1416
of the Revised Code or pursuant to division (B) (1) (a), (b), or 1417
(c), (B) (2) (a), (b), or (c), or (B) (3) (a), (b), (c), or (d) of 1418
section 2971.03 of the Revised Code and that term as modified or 1419
terminated pursuant to section 2971.05 of the Revised Code. 1420

(4) A term of imprisonment imposed pursuant to divisions 1421
(E) (1) (d) and (e) of section 2913.40 of the Revised Code. 1422

(Y) "Monitored time" means a period of time during which 1423
an offender continues to be under the control of the sentencing 1424
court or parole board, subject to no conditions other than 1425
leading a law-abiding life. 1426

(Z) "Offender" means a person who, in this state, is 1427
convicted of or pleads guilty to a felony or a misdemeanor. 1428

(AA) "Prison" means a residential facility used for the 1429
confinement of convicted felony offenders that is under the 1430
control of the department of rehabilitation and correction and 1431
includes a violation sanction center operated under authority of 1432
section 2967.141 of the Revised Code. 1433

(BB) (1) "Prison term" includes either of the following 1434
sanctions for an offender: 1435

(a) A stated prison term; 1436

(b) A term in a prison shortened by, or with the approval 1437
of, the sentencing court pursuant to section 2929.143, 2929.20, 1438
5120.031, 5120.032, or 5120.073 of the Revised Code or shortened 1439
pursuant to section 2967.26 of the Revised Code. 1440

(2) With respect to a non-life felony indefinite prison 1441
term, references in any provision of law to a reduction of, or 1442
deduction from, the prison term mean a reduction in, or 1443
deduction from, the minimum term imposed as part of the 1444
indefinite term. 1445

(CC) "Repeat violent offender" means a person about whom 1446
both of the following apply: 1447

(1) The person is being sentenced for committing or for 1448
complicity in committing any of the following: 1449

(a) Aggravated murder, murder, any felony of the first or 1450

second degree that is an offense of violence, or an attempt to 1451
commit any of these offenses if the attempt is a felony of the 1452
first or second degree; 1453

(b) An offense under an existing or former law of this 1454
state, another state, or the United States that is or was 1455
substantially equivalent to an offense described in division 1456
(CC) (1) (a) of this section. 1457

(2) The person previously was convicted of or pleaded 1458
guilty to an offense described in division (CC) (1) (a) or (b) of 1459
this section. 1460

(DD) "Sanction" means any penalty imposed upon an offender 1461
who is convicted of or pleads guilty to an offense, as 1462
punishment for the offense. "Sanction" includes any sanction 1463
imposed pursuant to any provision of sections 2929.14 to 2929.18 1464
or 2929.24 to 2929.28 of the Revised Code. 1465

(EE) "Sentence" means the sanction or combination of 1466
sanctions imposed by the sentencing court on an offender who is 1467
convicted of or pleads guilty to an offense. 1468

(FF) (1) "Stated prison term" means the prison term, 1469
mandatory prison term, or combination of all prison terms and 1470
mandatory prison terms imposed by the sentencing court pursuant 1471
to section 2929.14, 2929.142, or 2971.03 of the Revised Code or 1472
under section 2919.25 of the Revised Code. "Stated prison term" 1473
includes any credit received by the offender for time spent in 1474
jail awaiting trial, sentencing, or transfer to prison for the 1475
offense and any time spent under house arrest or house arrest 1476
with electronic monitoring imposed after earning credits 1477
pursuant to section 2967.193 or 2967.194 of the Revised Code. If 1478
an offender is serving a prison term as a risk reduction 1479

sentence under sections 2929.143 and 5120.036 of the Revised Code, "stated prison term" includes any period of time by which the prison term imposed upon the offender is shortened by the offender's successful completion of all assessment and treatment or programming pursuant to those sections.

(2) As used in the definition of "stated prison term" set forth in division (FF)(1) of this section, a prison term is a definite prison term imposed under section 2929.14 of the Revised Code or any other provision of law, is the minimum and maximum prison terms under a non-life felony indefinite prison term, or is a term of life imprisonment except to the extent that the use of that definition in a section of the Revised Code clearly is not intended to include a term of life imprisonment. With respect to an offender sentenced to a non-life felony indefinite prison term, references in section 2967.191, 2967.193, or 2967.194 of the Revised Code or any other provision of law to a reduction of, or deduction from, the offender's stated prison term or to release of the offender before the expiration of the offender's stated prison term mean a reduction in, or deduction from, the minimum term imposed as part of the indefinite term or a release of the offender before the expiration of that minimum term, references in section 2929.19 or 2967.28 of the Revised Code to a stated prison term with respect to a prison term imposed for a violation of a post-release control sanction mean the minimum term so imposed, and references in any provision of law to an offender's service of the offender's stated prison term or the expiration of the offender's stated prison term mean service or expiration of the minimum term so imposed plus any additional period of incarceration under the sentence that is required under section 2967.271 of the Revised Code.

(GG) "Victim-offender mediation" means a reconciliation or mediation program that involves an offender and the victim of the offense committed by the offender and that includes a meeting in which the offender and the victim may discuss the offense, discuss restitution, and consider other sanctions for the offense.

(HH) "Fourth degree felony OVI offense" means a violation of division (A) of section 4511.19 of the Revised Code that, under division (G) of that section, is a felony of the fourth degree.

(II) "Mandatory term of local incarceration" means the term of sixty or one hundred twenty days in a jail, a community-based correctional facility, a halfway house, or an alternative residential facility that a sentencing court may impose upon a person who is convicted of or pleads guilty to a fourth degree felony OVI offense pursuant to division (G)(1) of section 2929.13 of the Revised Code and division (G)(1)(d) or (e) of section 4511.19 of the Revised Code.

(JJ) "Designated homicide, assault, or kidnapping offense," "violent sex offense," "sexual motivation specification," "sexually violent offense," "sexually violent predator," and "sexually violent predator specification" have the same meanings as in section 2971.01 of the Revised Code.

(KK) "Sexually oriented offense," "child-victim oriented offense," and "tier III sex offender/child-victim offender" have the same meanings as in section 2950.01 of the Revised Code.

(LL) An offense is "committed in the vicinity of a child" if the offender commits the offense within thirty feet of or within the same residential unit as a child who is under

eighteen years of age, regardless of whether the offender knows 1540
the age of the child or whether the offender knows the offense 1541
is being committed within thirty feet of or within the same 1542
residential unit as the child and regardless of whether the 1543
child actually views the commission of the offense. 1544

(MM) "Family or household member" has the same meaning as 1545
in section 2919.25 of the Revised Code. 1546

(NN) "Motor vehicle" and "manufactured home" have the same 1547
meanings as in section 4501.01 of the Revised Code. 1548

(OO) "Detention" and "detention facility" have the same 1549
meanings as in section 2921.01 of the Revised Code. 1550

(PP) "Third degree felony OVI offense" means a violation 1551
of division (A) of section 4511.19 of the Revised Code that, 1552
under division (G) of that section, is a felony of the third 1553
degree. 1554

(QQ) "Random drug testing" has the same meaning as in 1555
section 5120.63 of the Revised Code. 1556

(RR) "Felony sex offense" has the same meaning as in 1557
section 2967.28 of the Revised Code. 1558

(SS) "Body armor" has the same meaning as in section 1559
2941.1411 of the Revised Code. 1560

(TT) "Electronic monitoring" means monitoring through the 1561
use of an electronic monitoring device. 1562

(UU) "Electronic monitoring device" means any of the 1563
following: 1564

(1) Any device that can be operated by electrical or 1565
battery power and that conforms with all of the following: 1566

(a) The device has a transmitter that can be attached to a person, that will transmit a specified signal to a receiver of the type described in division (UU) (1) (b) of this section if the transmitter is removed from the person, turned off, or altered in any manner without prior court approval in relation to electronic monitoring or without prior approval of the department of rehabilitation and correction in relation to the use of an electronic monitoring device for an inmate on transitional control or otherwise is tampered with, that can transmit continuously and periodically a signal to that receiver when the person is within a specified distance from the receiver, and that can transmit an appropriate signal to that receiver if the person to whom it is attached travels a specified distance from that receiver.

(b) The device has a receiver that can receive continuously the signals transmitted by a transmitter of the type described in division (UU) (1) (a) of this section, can transmit continuously those signals by a wireless or landline telephone connection to a central monitoring computer of the type described in division (UU) (1) (c) of this section, and can transmit continuously an appropriate signal to that central monitoring computer if the device has been turned off or altered without prior court approval or otherwise tampered with. The device is designed specifically for use in electronic monitoring, is not a converted wireless phone or another tracking device that is clearly not designed for electronic monitoring, and provides a means of text-based or voice communication with the person.

(c) The device has a central monitoring computer that can receive continuously the signals transmitted by a wireless or landline telephone connection by a receiver of the type

described in division (UU) (1) (b) of this section and can monitor 1598
continuously the person to whom an electronic monitoring device 1599
of the type described in division (UU) (1) (a) of this section is 1600
attached. 1601

(2) Any device that is not a device of the type described 1602
in division (UU) (1) of this section and that conforms with all 1603
of the following: 1604

(a) The device includes a transmitter and receiver that 1605
can monitor and determine the location of a subject person at 1606
any time, or at a designated point in time, through the use of a 1607
central monitoring computer or through other electronic means. 1608

(b) The device includes a transmitter and receiver that 1609
can determine at any time, or at a designated point in time, 1610
through the use of a central monitoring computer or other 1611
electronic means the fact that the transmitter is turned off or 1612
altered in any manner without prior approval of the court in 1613
relation to the electronic monitoring or without prior approval 1614
of the department of rehabilitation and correction in relation 1615
to the use of an electronic monitoring device for an inmate on 1616
transitional control or otherwise is tampered with. 1617

(3) Any type of technology that can adequately track or 1618
determine the location of a subject person at any time and that 1619
is approved by the director of rehabilitation and correction, 1620
including, but not limited to, any satellite technology, voice 1621
tracking system, or retinal scanning system that is so approved. 1622

(VV) "Non-economic loss" means nonpecuniary harm suffered 1623
by a victim of an offense as a result of or related to the 1624
commission of the offense, including, but not limited to, pain 1625
and suffering; loss of society, consortium, companionship, care, 1626

assistance, attention, protection, advice, guidance, counsel, 1627
instruction, training, or education; mental anguish; and any 1628
other intangible loss. 1629

(WW) "Prosecutor" has the same meaning as in section 1630
2935.01 of the Revised Code. 1631

(XX) "Continuous alcohol monitoring" means the ability to 1632
automatically test and periodically transmit alcohol consumption 1633
levels and tamper attempts at least every hour, regardless of 1634
the location of the person who is being monitored. 1635

(YY) A person is "adjudicated a sexually violent predator" 1636
if the person is convicted of or pleads guilty to a violent sex 1637
offense and also is convicted of or pleads guilty to a sexually 1638
violent predator specification that was included in the 1639
indictment, count in the indictment, or information charging 1640
that violent sex offense or if the person is convicted of or 1641
pleads guilty to a designated homicide, assault, or kidnapping 1642
offense and also is convicted of or pleads guilty to both a 1643
sexual motivation specification and a sexually violent predator 1644
specification that were included in the indictment, count in the 1645
indictment, or information charging that designated homicide, 1646
assault, or kidnapping offense. 1647

(ZZ) An offense is "committed in proximity to a school" if 1648
the offender commits the offense in a school safety zone or 1649
within five hundred feet of any school building or the 1650
boundaries of any school premises, regardless of whether the 1651
offender knows the offense is being committed in a school safety 1652
zone or within five hundred feet of any school building or the 1653
boundaries of any school premises. 1654

(AAA) "Human trafficking" means a scheme or plan to which 1655

all of the following apply: 1656

(1) Its object is one or both of the following: 1657

(a) To subject a victim or victims to involuntary 1658
servitude, as defined in section 2905.31 of the Revised Code or 1659
to compel a victim or victims to engage in sexual activity for 1660
hire, to engage in a performance that is obscene, sexually 1661
oriented, or nudity oriented, or to be a model or participant in 1662
the production of material that is obscene, sexually oriented, 1663
or nudity oriented; 1664

(b) To facilitate, encourage, or recruit a victim who is a 1665
minor or is a person with a developmental disability, or victims 1666
who are minors or are persons with developmental disabilities, 1667
for any purpose listed in divisions (A) (2) (a) to (c) of section 1668
2905.32 of the Revised Code. 1669

(2) It involves at least two felony offenses, whether or 1670
not there has been a prior conviction for any of the felony 1671
offenses, to which all of the following apply: 1672

(a) Each of the felony offenses is a violation of section 1673
2905.01, 2905.02, 2905.32, 2907.21, 2907.22, or 2923.32, 1674
division (A) (1) or (2) of section 2907.323, or division (B) (1), 1675
(2), (3), (4), or (5) of section 2919.22 of the Revised Code or 1676
is a violation of a law of any state other than this state that 1677
is substantially similar to any of the sections or divisions of 1678
the Revised Code identified in this division. 1679

(b) At least one of the felony offenses was committed in 1680
this state. 1681

(c) The felony offenses are related to the same scheme or 1682
plan and are not isolated instances. 1683

(BBB) "Material," "nudity," "obscene," "performance," and 1684
"sexual activity" have the same meanings as in section 2907.01 1685
of the Revised Code. 1686

(CCC) "Material that is obscene, sexually oriented, or 1687
nudity oriented" means any material that is obscene, that shows 1688
a person participating or engaging in sexual activity, 1689
masturbation, or bestiality, or that shows a person in a state 1690
of nudity. 1691

(DDD) "Performance that is obscene, sexually oriented, or 1692
nudity oriented" means any performance that is obscene, that 1693
shows a person participating or engaging in sexual activity, 1694
masturbation, or bestiality, or that shows a person in a state 1695
of nudity. 1696

(EEE) "Accelerant" means a fuel or oxidizing agent, such 1697
as an ignitable liquid, used to initiate a fire or increase the 1698
rate of growth or spread of a fire. 1699

(FFF) "Permanent disabling harm" means serious physical 1700
harm that results in permanent injury to the intellectual, 1701
physical, or sensory functions and that permanently and 1702
substantially impairs a person's ability to meet one or more of 1703
the ordinary demands of life, including the functions of caring 1704
for one's self, performing manual tasks, walking, seeing, 1705
hearing, speaking, breathing, learning, and working. 1706

(GGG) "Non-life felony indefinite prison term" means a 1707
prison term imposed under division (A) (1) (a) or (2) (a) of 1708
section 2929.14 and section 2929.144 of the Revised Code for a 1709
felony of the first or second degree committed on or after March 1710
22, 2019. 1711

Sec. 2935.01. As used in this chapter: 1712

(A) "Magistrate" has the same meaning as in section 1713
2931.01 of the Revised Code. 1714

(B) "Peace officer" includes, except as provided in 1715
section 2935.081 of the Revised Code, a sheriff; deputy sheriff; 1716
marshal; deputy marshal; member of the organized police 1717
department of any municipal corporation, including a member of 1718
the organized police department of a municipal corporation in an 1719
adjoining state serving in Ohio under a contract pursuant to 1720
section 737.04 of the Revised Code; member of a police force 1721
employed by a metropolitan housing authority under division (D) 1722
of section 3735.31 of the Revised Code; member of a police force 1723
employed by a regional transit authority under division (Y) of 1724
section 306.35 of the Revised Code; state university law 1725
enforcement officer appointed under section 3345.04 of the 1726
Revised Code; enforcement agent of the department of public 1727
safety designated under section 5502.14 of the Revised Code; 1728
employee of the department of taxation to whom investigation 1729
powers have been delegated under section 5743.45 of the Revised 1730
Code; employee of the department of natural resources who is a 1731
natural resources law enforcement staff officer designated 1732
pursuant to section 1501.013 of the Revised Code, a forest-fire 1733
investigator appointed pursuant to section 1503.09 of the 1734
Revised Code, a natural resources officer appointed pursuant to 1735
section 1501.24 of the Revised Code, or a wildlife officer 1736
designated pursuant to section 1531.13 of the Revised Code; 1737
individual designated to perform law enforcement duties under 1738
section 511.232, 1545.13, or 6101.75 of the Revised Code; 1739
veterans' home police officer appointed under section 5907.02 of 1740
the Revised Code; special police officer employed by a port 1741
authority under section 4582.04 or 4582.28 of the Revised Code; 1742
police constable of any township; police officer of a township 1743

or joint police district; a special police officer employed by a 1744
municipal corporation at a municipal airport, or other municipal 1745
air navigation facility, that has scheduled operations, as 1746
defined in section 119.3 of Title 14 of the Code of Federal 1747
Regulations, 14 C.F.R. 119.3, as amended, and that is required 1748
to be under a security program and is governed by aviation 1749
security rules of the transportation security administration of 1750
the United States department of transportation as provided in 1751
Parts 1542. and 1544. of Title 49 of the Code of Federal 1752
Regulations, as amended; the house of representatives sergeant 1753
at arms if the house of representatives sergeant at arms has 1754
arrest authority pursuant to division (E) (1) of section 101.311 1755
of the Revised Code; an assistant house of representatives 1756
sergeant at arms; the senate sergeant at arms; an assistant 1757
senate sergeant at arms; officer or employee of the bureau of 1758
criminal identification and investigation established pursuant 1759
to section 109.51 of the Revised Code who has been awarded a 1760
certificate by the executive director of the Ohio peace officer 1761
training commission attesting to the officer's or employee's 1762
satisfactory completion of an approved state, county, municipal, 1763
or department of natural resources peace officer basic training 1764
program and who is providing assistance upon request to a law 1765
enforcement officer or emergency assistance to a peace officer 1766
pursuant to section 109.54 or 109.541 of the Revised Code; a 1767
state fire marshal law enforcement officer described in division 1768
(A) (23) of section 109.71 of the Revised Code; a gaming agent, 1769
as defined in section 3772.01 of the Revised Code; the inspector 1770
general or a deputy inspector general appointed pursuant to 1771
section 121.48 of the Revised Code while the inspector general 1772
or a deputy inspector general is engaged in the scope of the 1773
inspector general's or deputy inspector general's duties under 1774
sections 121.42 to 121.52 of the Revised Code; and, for the 1775

purpose of arrests within those areas, for the purposes of 1776
Chapter 5503. of the Revised Code, and the filing of and service 1777
of process relating to those offenses witnessed or investigated 1778
by them, the superintendent and troopers of the state highway 1779
patrol. 1780

(C) "Prosecutor" includes the county prosecuting attorney 1781
and any assistant prosecutor designated to assist the county 1782
prosecuting attorney, and, in the case of courts inferior to 1783
courts of common pleas, includes the village solicitor, city 1784
director of law, or similar chief legal officer of a municipal 1785
corporation, any such officer's assistants, or any attorney 1786
designated by the prosecuting attorney of the county to appear 1787
for the prosecution of a given case. 1788

(D) "Offense," except where the context specifically 1789
indicates otherwise, includes felonies, misdemeanors, and 1790
violations of ordinances of municipal corporations and other 1791
public bodies authorized by law to adopt penal regulations. 1792

(E) "Tier one offense" means a violation of section 1793
2903.01, 2903.02, 2903.03, 2903.04, 2903.06, 2903.11, 2903.12, 1794
2903.21, 2903.211, 2905.01, 2905.02, 2905.32, 2907.02, 2907.03, 1795
2907.04, 2907.05, 2907.321, 2907.322, 2907.323, 2909.02, 1796
2909.03, 2909.24, 2911.01, 2911.02, 2911.11, 2919.25, 2921.34, 1797
2923.161, 2950.04, 2950.041, 2950.05, or 2950.06 of the Revised 1798
Code. 1799

Sec. 3301.58. (A) The department of children and youth is 1800
responsible for the licensing of preschool programs and school 1801
child programs and for the enforcement of sections 3301.52 to 1802
3301.59 of the Revised Code and of any rules adopted under those 1803
sections. No school district board of education, county board of 1804
developmental disabilities, community school, or eligible 1805

nonpublic school shall operate, establish, manage, conduct, or 1806
maintain a preschool program without a license issued under this 1807
section. A school district board of education, county board of 1808
developmental disabilities, community school, authorized private 1809
before and after school care program, or eligible nonpublic 1810
school may obtain a license under this section for a school 1811
child program. The school district board of education, county 1812
board of developmental disabilities, community school, or 1813
eligible nonpublic school shall post the license for each 1814
preschool program and licensed school child program it operates, 1815
establishes, manages, conducts, or maintains in a conspicuous 1816
place in the preschool program or licensed school child program 1817
that is accessible to parents, custodians, or guardians and 1818
employees and staff members of the program at all times when the 1819
program is in operation. 1820

(B) Any school district board of education, county board 1821
of developmental disabilities, community school, or eligible 1822
nonpublic school that desires to operate, establish, manage, 1823
conduct, or maintain a preschool program shall apply to the 1824
department of children and youth for a license on a form that 1825
the department shall prescribe by rule. Any school district 1826
board of education, county board of developmental disabilities, 1827
community school, authorized private before and after school 1828
care program, or eligible nonpublic school that desires to 1829
obtain a license for a school child program shall apply to the 1830
department for a license on a form that the department shall 1831
prescribe by rule. The department shall provide at no charge to 1832
each applicant for a license under this section a copy of the 1833
requirements under sections 3301.52 to 3301.59 of the Revised 1834
Code and any rules adopted under those sections. The department 1835
may establish application fees by rule adopted under Chapter 1836

119. of the Revised Code, and all applicants for a license shall 1837
pay any fee established by the department at the time of making 1838
an application for a license. All fees collected pursuant to 1839
this section shall be paid into the state treasury to the credit 1840
of the general revenue fund. 1841

(C) Upon the filing of an application for a license, the 1842
department of children and youth shall investigate and inspect 1843
the preschool program or school child program to determine the 1844
license capacity for each age category of children of the 1845
program and to determine whether the program complies with 1846
sections 3301.52 to 3301.59 of the Revised Code and any rules 1847
adopted under those sections. When, after investigation and 1848
inspection, the department is satisfied that sections 3301.52 to 1849
3301.59 of the Revised Code and any rules adopted under those 1850
sections are complied with by the applicant, the department 1851
shall issue the program a provisional license as soon as 1852
practicable in the form and manner prescribed by the rules of 1853
the department. The provisional license shall be valid for one 1854
year from the date of issuance unless revoked. 1855

(D) The department of children and youth shall investigate 1856
and inspect a preschool program or school child program that has 1857
been issued a provisional license at least once during operation 1858
under the provisional license. If, after the investigation and 1859
inspection, the department determines that the requirements of 1860
sections 3301.52 to 3301.59 of the Revised Code and any rules 1861
adopted under those sections are met by the provisional 1862
licensee, the department shall issue the program a license. The 1863
license shall remain valid unless revoked or the program ceases 1864
operations. 1865

(E) The department of children and youth annually shall 1866

investigate and inspect each preschool program or school child
program licensed under division (D) of this section to determine
if the requirements of sections 3301.52 to 3301.59 of the
Revised Code and any rules adopted under those sections are met
by the program, and shall notify the program of the results.

(F) The license or provisional license shall state the
name of the school district board of education, county board of
developmental disabilities, community school, authorized private
before and after school care program, or eligible nonpublic
school that operates the preschool program or school child
program and the license capacity of the program.

(G) The department of children and youth may revoke the
license of any preschool program or school child program that is
not in compliance with the requirements of sections 3301.52 to
3301.59 of the Revised Code and any rules adopted under those
sections.

If the department of children and youth terminates a
preschool program's or school child program's contract to
provide publicly funded child care as described in division (D)
(3) of section 5104.32 of the Revised Code, the department shall
revoke the program's license.

(H) If the department of children and youth revokes a
license, the department shall not issue a license to the program
within two years from the date of the revocation, except that in
the case of a license revoked because the program's contract to
provide publicly funded child care was terminated, the program
is forever ineligible for licensure. All actions of the
department with respect to licensing preschool programs and
school child programs shall be in accordance with Chapter 119.
of the Revised Code.

<u>Sec. 3901.93. (A) As used in this section:</u>	1897
<u>(1) "Department" has the same meaning as in section 121.01</u>	1898
<u>of the Revised Code.</u>	1899
<u>(2) "Health plan issuer" has the same meaning as in</u>	1900
<u>section 3922.01 of the Revised Code.</u>	1901
<u>(3) "Medicaid managed care organization" has the same</u>	1902
<u>meaning as in section 5167.01 of the Revised Code.</u>	1903
<u>(4) "Payer" includes a health plan issuer, a medicaid</u>	1904
<u>managed care organization, the medicaid program, and the</u>	1905
<u>medicare program.</u>	1906
<u>(B) (1) Not later than one year after the effective date of</u>	1907
<u>this section, the superintendent of insurance shall establish</u>	1908
<u>and administer an all-payer claims database.</u>	1909
<u>(2) To the extent permitted by federal law and except as</u>	1910
<u>otherwise provided in this division, each payer shall submit its</u>	1911
<u>claims to the superintendent for inclusion in the database. Such</u>	1912
<u>claims shall be submitted in the format and according to the</u>	1913
<u>schedule prescribed by the superintendent in rule.</u>	1914
<u>In the case of a payer that is a health plan issuer, the</u>	1915
<u>requirement to submit claims begins January 1, 2028.</u>	1916
<u>(3) The superintendent shall include in the database each</u>	1917
<u>claim the superintendent receives.</u>	1918
<u>(4) The superintendent shall make claims information</u>	1919
<u>included in the database available to a person or government</u>	1920
<u>entity only upon a subscription with the department of</u>	1921
<u>insurance, except that the superintendent shall provide access</u>	1922
<u>free of charge and without a subscription to the general</u>	1923
<u>assembly and each department.</u>	1924

(C) The superintendent shall adopt rules to implement this 1925
section, including rules establishing standards and procedures 1926
for the following: 1927

(1) Submitting claims for inclusion in the database, 1928
including the prescribed format and schedule; 1929

(2) Maintaining the privacy and security of personal and 1930
health information contained in claims; 1931

(3) Making available to persons or government entities 1932
claims information from the database through subscriptions; 1933

(4) Imposing penalties when claims are not submitted. 1934

The superintendent may adopt any other rules the 1935
superintendent considers necessary to implement this section. 1936
All rules shall be adopted in accordance with Chapter 119. of 1937
the Revised Code. 1938

(D) Notwithstanding any provision of section 121.95 of the 1939
Revised Code to the contrary, a regulatory restriction contained 1940
in a rule adopted under division (C) of this section is not 1941
subject to sections 121.95 to 121.953 of the Revised Code. 1942

Sec. 4113.52. (A) (1) (a) All state officials and employees 1943
employed by or appointed to a state agency as defined in 1944
division (D) of section 121.41 of the Revised Code shall report 1945
alleged fraud, theft in office, or the misuse or 1946
misappropriation of public money by a state official or employee 1947
~~to the inspector general. All other state employees and elected~~ 1948
~~officials shall report fraud, theft in office, or the misuse or~~ 1949
~~misappropriation of public money~~ to the auditor of state's 1950
fraud-reporting system under section 117.103 of the Revised 1951
Code. An official or employee of the auditor of state may report 1952
alleged fraud, theft in office, or the misuse or 1953

misappropriation of public money to the inspector general. 1954
Nothing in this division prohibits the auditor of state or the 1955
inspector general from referring a report to the other office 1956
when appropriate. 1957

(b) A person is required to make a report under division 1958
(A) (1) (c) of this section if the person meets any of the 1959
following: 1960

(i) The person is elected to local public office. 1961

(ii) The person is appointed to or within a local public 1962
office. 1963

(iii) The person has a fiduciary duty to a local public 1964
office. 1965

(iv) The person holds a supervisory position within a 1966
local public office. 1967

(v) The person is employed in the department or office 1968
responsible for processing any revenue or expenses of the local 1969
public office. 1970

(c) If a person identified in division (A) (1) (b) of this 1971
section, during the person's term of office or in the course of 1972
the person's employment, becomes aware of fraud, theft in 1973
office, or the misuse or misappropriation of public money, the 1974
person shall timely notify the auditor of state via the auditor 1975
of state's fraud-reporting system under section 117.103 of the 1976
Revised Code or via other means. 1977

(d) A person who serves as legal counsel, or who is 1978
employed as legal counsel, for a local public office or a state 1979
official or employee employed by or appointed to a state agency 1980
is not required to make a report under division (A) (1) (a) or (c) 1981

of this section concerning any communication received from a 1982
client in an attorney-client relationship. 1983

(e) Divisions (A) (1) (a), (b), and (c) of this section do 1984
not apply to a prosecuting attorney, director of law, village 1985
solicitor, or similar chief legal officer of a municipal 1986
corporation, or to any employee of the prosecuting attorney, 1987
director of law, village solicitor, or similar chief legal 1988
officer of a municipal corporation. 1989

(f) If a person becomes aware in the course of the 1990
person's employment of a violation of any state or federal 1991
statute or any ordinance or regulation of a political 1992
subdivision that the person's employer has authority to correct, 1993
and the person reasonably believes that the violation is a 1994
criminal offense that is likely to cause an imminent risk of 1995
physical harm to persons or a hazard to public health or safety, 1996
a felony, or an improper solicitation for a contribution, the 1997
person orally shall notify the person's supervisor or other 1998
responsible officer of the person's employer of the violation 1999
and subsequently shall file with that supervisor or officer a 2000
written report that provides sufficient detail to identify and 2001
describe the violation. If the employer does not correct the 2002
violation or make a reasonable and good faith effort to correct 2003
the violation within twenty-four hours after the oral 2004
notification or the receipt of the report, whichever is earlier, 2005
the person may file a written report that provides sufficient 2006
detail to identify and describe the violation with the 2007
prosecuting authority of the county or municipal corporation 2008
where the violation occurred, with a peace officer, with the 2009
inspector general if the violation is within the inspector 2010
general's jurisdiction, with the auditor of state's fraud- 2011
reporting system under section 117.103 of the Revised Code if 2012

applicable, or with any other appropriate public official or 2013
agency that has regulatory authority over the employer and the 2014
industry, trade, or business in which the employer is engaged. 2015

(g) If a person makes a report under division (A)(1)(f) of 2016
this section, the employer, within twenty-four hours after the 2017
oral notification was made or the report was received or by the 2018
close of business on the next regular business day following the 2019
day on which the oral notification was made or the report was 2020
received, whichever is later, shall notify the person, in 2021
writing, of any effort of the employer to correct the alleged 2022
violation or hazard or of the absence of the alleged violation 2023
or hazard. 2024

(2) If a person becomes aware in the course of the 2025
person's employment of a violation of Chapter 3704., 3734., 2026
6109., or 6111. of the Revised Code that is a criminal offense, 2027
the person directly may notify, either orally or in writing, any 2028
appropriate public official or agency that has regulatory 2029
authority over the employer and the industry, trade, or business 2030
in which the employer is engaged. 2031

(3) If a person becomes aware in the course of the 2032
person's employment of a violation by a fellow employee of any 2033
state or federal statute, any ordinance or regulation of a 2034
political subdivision, or any work rule or company policy of the 2035
person's employer and the person reasonably believes that the 2036
violation is a criminal offense that is likely to cause an 2037
imminent risk of physical harm to persons or a hazard to public 2038
health or safety, a felony, or an improper solicitation for a 2039
contribution, the person orally shall notify the person's 2040
supervisor or other responsible officer of the person's employer 2041
of the violation and subsequently shall file with that 2042

supervisor or officer a written report that provides sufficient 2043
detail to identify and describe the violation. 2044

(4) The reporting requirements under division (A) of this 2045
section are not intended to infringe, and should not be 2046
interpreted as infringing on, the constitutional right against 2047
self-incrimination. 2048

(B) Except as otherwise provided in division (C) of this 2049
section, no employer shall take any disciplinary or retaliatory 2050
action against ~~an~~ a person for making any report authorized by 2051
division (A)(1) or (2) of this section, or as a result of the 2052
person's having made any inquiry or taken any other action to 2053
ensure the accuracy of any information reported under either 2054
such division. No employer shall take any disciplinary or 2055
retaliatory action against a person for making any report 2056
authorized by division (A)(3) of this section if the person made 2057
a reasonable and good faith effort to determine the accuracy of 2058
any information so reported, or as a result of the person's 2059
having made any inquiry or taken any other action to ensure the 2060
accuracy of any information reported under that division. For 2061
purposes of this division, disciplinary or retaliatory action by 2062
the employer includes, without limitation, doing any of the 2063
following: 2064

- (1) Removing or suspending the person from employment; 2065
- (2) Withholding from the person salary increases or 2066
employee benefits to which the person is otherwise entitled; 2067
- (3) Transferring or reassigning the person; 2068
- (4) Denying the person a promotion that otherwise would 2069
have been received; 2070
- (5) Reducing the person in pay or position. 2071

(C) A person shall make a reasonable and good faith effort
to determine the accuracy of any information reported under
division (A) (1) or (2) of this section. If the person who makes
a report under either division fails to make such an effort, the
person may be subject to disciplinary action by the person's
employer, including suspension or removal, for reporting
information without a reasonable basis to do so under division
(A) (1) or (2) of this section.

(D) If an employer takes any disciplinary or retaliatory
action against ~~an~~ a person as a result of the person's having
filed a report under division (A) of this section, the person
may bring a civil action for appropriate injunctive relief or
for the remedies set forth in division (E) of this section, or
both, within one hundred eighty days after the date the
disciplinary or retaliatory action was taken, in a court of
common pleas in accordance with the Rules of Civil Procedure. A
civil action under this division is not available to a person as
a remedy for any disciplinary or retaliatory action taken by an
appointing authority against the person as a result of the
person's having filed a report under division (A) of section
124.341 of the Revised Code.

(E) The court, in rendering a judgment for the person in
an action brought pursuant to division (D) of this section, may
order, as it determines appropriate, reinstatement of the person
to the same position that the person held at the time of the
disciplinary or retaliatory action and at the same site of
employment or to a comparable position at that site, the payment
of back wages, full reinstatement of fringe benefits and
seniority rights, or any combination of these remedies. The
court also may award the prevailing party all or a portion of
the costs of litigation and, if the person who brought the

action prevails in the action, may award the prevailing person 2103
reasonable attorney's fees, witness fees, and fees for experts 2104
who testify at trial, in an amount the court determines 2105
appropriate. If the court determines that an employer 2106
deliberately has violated division (B) of this section, the 2107
court, in making an award of back pay, may include interest at 2108
the rate specified in section 1343.03 of the Revised Code. 2109

(F) Any report filed with the inspector general under this 2110
section shall be filed as a complaint in accordance with section 2111
121.46 of the Revised Code. 2112

(G) As used in this section: 2113

(1) "Contribution" has the same meaning as in section 2114
3517.01 of the Revised Code. 2115

(2) "Improper solicitation for a contribution" means a 2116
solicitation for a contribution that satisfies all of the 2117
following: 2118

(a) The solicitation violates division (B), (C), or (D) of 2119
section 3517.092 of the Revised Code; 2120

(b) The solicitation is made in person by a public 2121
official or by an employee who has a supervisory role within the 2122
public office; 2123

(c) The public official or employee knowingly made the 2124
solicitation, and the solicitation violates division (B), (C), 2125
or (D) of section 3517.092 of the Revised Code; 2126

(d) The employee reporting the solicitation is an employee 2127
of the same public office as the public official or the employee 2128
with the supervisory role who is making the solicitation. 2129

(3) "Misappropriation of public money" means knowingly 2130

using public money or public property for an unauthorized, 2131
improper, or unlawful purpose to serve a private or personal 2132
benefit or interest. 2133

(4) "Misuse of public money" means knowingly using public 2134
money or public property in a manner not authorized by law. 2135

(5) "Public office" has the same meaning as in section 2136
117.01 of the Revised Code. 2137

(H) Nothing in this section shall be construed to limit 2138
the authority of an auditor to make inquiries or interview state 2139
or local government employees or officials or otherwise perform 2140
audit procedures related to fraud during the course of an audit 2141
or attestation engagement. 2142

Sec. 5101.5411. (A) As used in this section, 2143
"categorically eligible household" means a household that is 2144
categorically eligible for supplemental nutrition assistance 2145
program benefits under 7 C.F.R. 273.2(j)(2) or (j)(4). 2146

(B) Unless required by federal law, the gross income 2147
limits for an eligible household under the supplemental 2148
nutrition assistance program shall not exceed the standards 2149
specified in section (5)(c) of the "Food and Nutrition Act of 2150
2008," 7 U.S.C. 2014(c). 2151

(C) Unless required by federal law, a household shall not 2152
be a categorically eligible household if any members receive or 2153
are authorized to receive any noncash, in-kind, or other similar 2154
benefit. 2155

Sec. 5101.88. (A) Not later than the first day of February 2156
of each year, the director of job and family services shall 2157
provide to the director of commerce a list of all providers 2158
licensed by the department of job and family services who have 2159

had a provider agreement suspended or terminated due to 2160
fraudulent activity. 2161

(B) Not later than the first day of March of each year, 2162
the director of commerce shall provide to the director of job 2163
and family service a list of any individual included in a 2164
request sent by the director of job and family services pursuant 2165
to division (A) of this section who has unclaimed funds 2166
delivered or reported to the state under Chapter 169. of the 2167
Revised Code. 2168

(C) If the information the director of commerce provides 2169
identifies or results in identifying unclaimed funds held by the 2170
state for a licensed provider described in division (A) of this 2171
section, the department of job and family services shall file a 2172
claim under section 169.08 of the Revised Code to recover the 2173
unclaimed funds. If the director of commerce allows the claim, 2174
the director of commerce shall pay the claim directly to the 2175
department of job and family services. The director of commerce 2176
shall not disallow a claim made by the department of job and 2177
family services because the department of job and family 2178
services is not the owner of the unclaimed funds according to 2179
the report made pursuant to section 169.03 of the Revised Code. 2180
The director of commerce shall not pay a claim amount that 2181
exceeds the amount of funds owed to the department of job and 2182
family services by a licensed provider. The director of job and 2183
family services shall adjust any amount owed by a licensed 2184
provider described in division (A) of this section if the 2185
director of commerce pays unclaimed funds to the director of job 2186
and family services otherwise owed to the provider. 2187

Sec. 5104.03. (A) As used in this section, "owner" has the 2188
same meaning as in section 5104.01 of the Revised Code, except 2189

that "owner" also includes a firm, organization, institution, or 2190
agency, as well as any individual governing board members, 2191
partners, or authorized representatives of the owner. 2192

(B) Any person, firm, organization, institution, or agency 2193
seeking to establish a child care center, type A family child 2194
care home, or licensed type B family child care home shall apply 2195
for a license to the director of children and youth on such form 2196
as the director prescribes. The director shall provide at no 2197
charge to each applicant for licensure a copy of the child care 2198
license requirements in this chapter and a copy of the rules 2199
adopted pursuant to this chapter. The copies may be provided in 2200
paper or electronic form. 2201

Fees shall be set by the director pursuant to sections 2202
5104.015, 5104.017, and 5104.018 of the Revised Code and shall 2203
be paid at the time of application for a license to operate a 2204
center, type A home, or type B home. Fees collected under this 2205
section shall be paid into the state treasury to the credit of 2206
the general revenue fund. 2207

(C) (1) Upon filing of the application for a license, the 2208
director shall investigate and inspect the center, type A home, 2209
or type B home to determine the license capacity for each age 2210
category of children of the center, type A home, or type B home 2211
and to determine whether the center, type A home, or type B home 2212
complies with this chapter and rules adopted pursuant to this 2213
chapter. When, after investigation and inspection, the director 2214
is satisfied that this chapter and rules adopted pursuant to it 2215
are complied with, subject to division (G) of this section, a 2216
license shall be issued as soon as practicable in such form and 2217
manner as prescribed by the director. The license shall be 2218
designated as provisional and shall be valid for at least twelve 2219

months from the date of issuance and until the continuous 2220
license is issued or until the provisional license is revoked or 2221
suspended pursuant to section 5104.042 of the Revised Code. 2222

(2) The director may contract with a government entity or 2223
a private nonprofit entity for the entity to inspect type A or 2224
type B family child care homes pursuant to this section. If the 2225
director contracts with a government entity or private nonprofit 2226
entity for that purpose, the entity may contract with another 2227
government entity or private nonprofit entity for the other 2228
entity to inspect type A or type B homes pursuant to this 2229
section. The director, government entity, or private nonprofit 2230
entity shall conduct an inspection prior to the issuance of a 2231
license for a type A or type B home and, as part of that 2232
inspection, ensure that the home is safe and sanitary. 2233

(D) The director shall investigate and inspect the center, 2234
type A home, or type B home at least once during operation under 2235
a license designated as provisional. If after the investigation 2236
and inspection the director determines that the requirements of 2237
this chapter and rules adopted pursuant to this chapter are met, 2238
subject to division (G) of this section, the director shall 2239
issue a continuous license to the center or home. 2240

(E) Each license shall state the name of the licensee, the 2241
name of the administrator, the address of the center, type A 2242
home, or licensed type B home, and the license capacity for each 2243
age category of children. The license shall include thereon, in 2244
accordance with sections 5104.015, 5104.017, and 5104.018 of the 2245
Revised Code, the toll-free telephone number to be used by 2246
persons suspecting that the center, type A home, or licensed 2247
type B home has violated a provision of this chapter or rules 2248
adopted pursuant to this chapter. A license is valid only for 2249

the licensee, administrator, address, and license capacity for 2250
each age category of children designated on the license. The 2251
license capacity specified on the license is the maximum number 2252
of children in each age category that may be cared for in the 2253
center, type A home, or licensed type B home at one time. 2254

A center or home licensee shall notify the director in 2255
writing when the administrator, address, or license capacity of 2256
the center or home changes. The director shall amend the current 2257
license to reflect a change in any of the following: 2258

(1) An administrator, if the administrator meets the 2259
requirements of this chapter and rules adopted pursuant to this 2260
chapter; 2261

(2) Address, if the new address meets the requirements of 2262
this chapter and rules adopted pursuant to this chapter; 2263

(3) License capacity for any age category of children as 2264
determined by the director of children and youth. 2265

(F) If the department terminates a center's, type A 2266
home's, or licensed type B home's contract to provide publicly 2267
funded child care as described in division (D)(3) of section 2268
5104.32 of the Revised Code, the director shall revoke the 2269
center's or home's license. 2270

(G) If the director revokes the license of a center, a 2271
type A home, or a type B home, the director shall not issue 2272
another license to the owner of the center, type A home, or type 2273
B home until five years have elapsed from the date the license 2274
is revoked, except that in the circumstance described in 2275
division (F) of this section, the owner is not eligible for 2276
another license. 2277

If the director denies an application for a license, the 2278

director shall not consider another application from the 2279
applicant until five years have elapsed from the date the 2280
application is denied. 2281

~~(G)(1)~~ (H)(1) Except as provided in division ~~(G)(2)~~ (H)(2) 2282
of this section, all actions of the director with respect to 2283
licensing centers, type A homes, or type B homes, refusal to 2284
license, and revocation of a license shall be in accordance with 2285
Chapter 119. of the Revised Code. Except as provided in division 2286
~~(G)(2)~~ (H)(2) of this section, any applicant who is denied a 2287
license or any owner whose license is revoked may appeal in 2288
accordance with section 119.12 of the Revised Code. 2289

(2) The following actions by the director are not subject 2290
to Chapter 119. of the Revised Code: 2291

(a) The director ceases its review of an application 2292
because the owner of a center, type A home, or type B home 2293
sought a license before five years had elapsed from the date the 2294
previous license was revoked and the director does not issue the 2295
license. 2296

(b) The director ceases its review of an application 2297
because the applicant applied for licensure before five years 2298
had elapsed from the date the previous application was denied 2299
and the director does not issue the license. 2300

(c) The director closes a license because the director has 2301
determined that the center, type A home, or type B home is no 2302
longer operating at the address stated on the license and did 2303
not notify the director of the address change as described in 2304
division (E) of this section. 2305

~~(H)~~ (I) In no case shall the director issue a license under 2306
this section for a center, type A home, or type B home if the 2307

director, based on documentation provided by the appropriate 2308
county department of job and family services, determines that 2309
the applicant had been certified as an in-home aide, that the 2310
county department revoked that certification within the 2311
immediately preceding five years, that the revocation was based 2312
on the applicant's refusal or inability to comply with the 2313
criteria for certification, and that the refusal or inability 2314
resulted in a risk to the health or safety of children. 2315

~~(I)~~ (J) An owner of a type B family child care home that 2316
receives a license pursuant to this section is an independent 2317
contractor and is not an employee of the department of children 2318
and youth. 2319

Sec. 5104.12. (A) (1) A county director of job and family 2320
services may certify in-home aides to provide publicly funded 2321
child care pursuant to this chapter and any rules adopted under 2322
it. Any in-home aide who receives a certificate pursuant to this 2323
section to provide publicly funded child care is an independent 2324
contractor and is not an employee of the county department of 2325
job and family services that issues the certificate. 2326

(2) Every person desiring to receive certification as an 2327
in-home aide shall apply for certification to a county director 2328
of job and family services on such forms as the director of 2329
children and youth prescribes. A county director shall provide 2330
at no charge to each applicant a copy of rules for certifying 2331
in-home aides adopted pursuant to this chapter. 2332

(B) To be eligible for certification as an in-home aide, a 2333
person shall not be ~~either~~ any of the following: 2334

(1) The owner of a center or home whose license was 2335
revoked pursuant to section 5104.04 of the Revised Code within 2336

the previous five years; 2337

(2) An in-home aide whose certificate was revoked under 2338
division (C) (2) of this section within the previous five years; 2339

(3) An in-home aide whose certificate was revoked under 2340
division (C) (3) of this section. 2341

(C) (1) If the county director of job and family services 2342
determines that the applicant complies with this chapter and any 2343
rules adopted under it, the county director shall certify the 2344
person as an in-home aide and issue the person a certificate to 2345
provide publicly funded child care. The county director shall 2346
furnish a copy of the certificate to the parent, custodian, or 2347
guardian. The certificate shall state the name and address of 2348
the in-home aide and the name and telephone number of the county 2349
director who issued the certificate. 2350

(2) The county director may revoke the certificate in 2351
either of the following circumstances: 2352

(a) The county director determines, pursuant to rules 2353
adopted under Chapter 119. of the Revised Code, that revocation 2354
is necessary; 2355

(b) The in-home aide does not comply with division (C) (2) 2356
of section 5104.32 of the Revised Code. 2357

(3) The county director shall revoke the certificate if 2358
the in-home aide's contract to provide publicly funded child 2359
care was terminated as described in division (D) (3) of section 2360
5104.32 of the Revised Code. 2361

(D) (1) The county director of job and family services 2362
shall inspect every home of a child who is receiving publicly 2363
funded child care in the child's own home while the in-home aide 2364

is providing the services. Inspections may be unannounced. Upon 2365
receipt of a complaint, the county director shall investigate 2366
the in-home aide, shall investigate the home of a child who is 2367
receiving publicly funded child care in the child's own home, 2368
and division (D) (2) of this section applies regarding the 2369
complaint. The caretaker parent shall permit the county director 2370
to inspect any part of the child's home. The county director 2371
shall prepare a written inspection report and furnish one copy 2372
each to the in-home aide and the caretaker parent within a 2373
reasonable time after the inspection. 2374

(2) Upon receipt of a complaint as described in division 2375
(D) (1) of this section, in addition to the investigations that 2376
are required under that division, both of the following apply: 2377

(a) If the complaint alleges that a child suffered 2378
physical harm while receiving publicly funded child care in the 2379
child's own home from an in-home aide or that the noncompliance 2380
with law or act alleged in the complaint involved, resulted in, 2381
or poses a substantial risk of physical harm to a child 2382
receiving publicly funded child care in the child's own home 2383
from an in-home aide, the county director shall inspect the home 2384
of the child. 2385

(b) If division (D) (2) (a) of this section does not apply 2386
regarding the complaint, the county director may inspect the 2387
home of the child. 2388

(3) Division (D) (2) of this section does not limit, 2389
restrict, or negate any duty of the county director to inspect a 2390
home of a child who is receiving publicly funded child care from 2391
an in-home aide that otherwise is imposed under this section, or 2392
any authority of the county director to inspect such a home that 2393
otherwise is granted under this section when the county director 2394

believes the inspection is necessary and it is permitted under 2395
the grant. 2396

Sec. 5104.22. (A) The director of children and youth, 2397
pursuant to Chapter 119. of the Revised Code, shall adopt rules 2398
establishing a procedure and standards for the approval of child 2399
day camps that will enable an approved child day camp to receive 2400
public moneys pursuant to sections 5104.30 to 5104.39 of the 2401
Revised Code. The department of children and youth may charge a 2402
reasonable fee to inspect a child day camp to determine whether 2403
that child day camp meets the standards set forth in this 2404
section or in the rules adopted under this section. The 2405
department shall approve any child day camp that meets both of 2406
the following: 2407

(1) The department inspects the camp and determines that 2408
it meets the standards established in rules adopted under this 2409
section; 2410

(2) The camp is accredited by the American camp 2411
association or a nationally recognized organization that 2412
accredits child day camps by using standards that the department 2413
has determined are substantially similar and comparable to those 2414
of the American camp association. The department shall approve a 2415
child day camp for a period of one year and shall inspect an 2416
approved child day camp on an annual basis. 2417

(B) An approved child day camp shall comply with this 2418
section and section 5104.21 of the Revised Code and the rules 2419
adopted pursuant to those sections. If an approved child day 2420
camp is not in substantial compliance with those sections or 2421
rules at any time, the department shall terminate the child day 2422
camp's approval until the child day camp complies with those 2423
sections and rules or for a period of two years, whichever 2424

period is longer. 2425

(C) If the department terminates an approved child day 2426
camp's contract to provide publicly funded child care as 2427
described in division (D) (3) of section 5104.32 of the Revised 2428
Code, the department shall terminate the child day camp's 2429
approval and the camp is forever ineligible for approval. 2430

Sec. 5104.32. (A) All purchases of publicly funded child 2431
care shall be made under a contract entered into by a licensed 2432
child care center, licensed type A family child care home, 2433
licensed type B family child care home, certified in-home aide, 2434
approved child day camp, licensed preschool program, licensed 2435
school child program, or border state child care provider and 2436
the department of children and youth. All contracts for publicly 2437
funded child care shall be contingent upon the availability of 2438
state and federal funds. The department shall prescribe a 2439
standard form to be used for all contracts for the purchase of 2440
publicly funded child care, regardless of the source of public 2441
funds used to purchase the child care. To the extent permitted 2442
by federal law and notwithstanding any other provision of the 2443
Revised Code that regulates state contracts or contracts 2444
involving the expenditure of state or federal funds, all 2445
contracts for publicly funded child care shall be entered into 2446
in accordance with the provisions of this chapter and are exempt 2447
from any other provision of the Revised Code that regulates 2448
state contracts or contracts involving the expenditure of state 2449
or federal funds. 2450

(B) Each contract for publicly funded child care shall 2451
specify at least the following: 2452

(1) That the provider of publicly funded child care agrees 2453
to be paid at the rate established pursuant to section 5104.30 2454

of the Revised Code; 2455

(2) Whether the county department of job and family 2456
services, the provider, or a child care resource and referral 2457
service organization will make eligibility determinations, 2458
whether the provider or a child care resource and referral 2459
service organization will be required to collect information to 2460
be used by the county department to make eligibility 2461
determinations, and the time period within which the provider or 2462
child care resource and referral service organization is 2463
required to complete required eligibility determinations or to 2464
transmit to the county department any information collected for 2465
the purpose of making eligibility determinations; 2466

(3) That the provider, other than a border state child 2467
care provider, shall continue to be licensed, approved, or 2468
certified pursuant to this chapter and shall comply with all 2469
standards and other requirements in this chapter and in rules 2470
adopted pursuant to this chapter for maintaining the provider's 2471
license, approval, or certification; 2472

(4) That, in the case of a border state child care 2473
provider, the provider shall continue to be licensed, certified, 2474
or otherwise approved by the state in which the provider is 2475
located and shall comply with all standards and other 2476
requirements established by that state for maintaining the 2477
provider's license, certificate, or other approval; 2478

(5) Whether the provider will be paid by the department of 2479
children and youth or in some other manner as prescribed by 2480
rules adopted under section 5104.42 of the Revised Code; 2481

(6) That the contract is subject to the availability of 2482
state and federal funds. 2483

(C) (1) The department shall establish an automated child
care system to track child attendance and enrollment and
calculate payments for publicly funded child care. Not later
than July 9, 2028, and thereafter, the department shall
calculate payments for publicly funded child care based on a
child's enrollment, as described in 45 C.F.R. 98.45(m), rather
than on a child's attendance.

(2) Each eligible provider that provides publicly funded
child care shall participate in the automated child care system.
A provider participating in the system shall not do any of the
following:

(a) Use or have possession of a personal identification
number or password issued to a caretaker parent under the
automated child care system;

(b) Falsify child attendance or enrollment records;

(c) Knowingly seek or accept payment for publicly funded
child care for a child not enrolled with the provider or for
which the provider was not eligible;

(d) Knowingly seek or accept payment for child care for a
child who resides in the provider's own home.

(D) The department may withhold any money due under this
chapter ~~and may~~, recover through any appropriate method any
money erroneously paid under this chapter, or suspend or
terminate a contract to provide publicly funded child care
entered into under this section if evidence demonstrates that a
provider of publicly funded child care ~~failed to comply with~~
~~either~~ did any of the following:

(1) ~~The~~ Failed to comply with terms of the contract
entered into under this section;

(2) ~~This~~ Failed to comply with this chapter or any rules 2513
adopted under it; 2514

(3) Acted with intent to commit fraud against the publicly 2515
funded child care program. 2516

For purposes of this division, "fraud against the publicly 2517
funded child care program" means an intentional act or omission 2518
to deceive for purposes of obtaining or retaining payments under 2519
the publicly funded child care program that a provider of 2520
publicly funded child care is not entitled to obtain or retain. 2521

(E) If the department has evidence that a provider has 2522
employed an individual who is ineligible for employment under 2523
section 5104.013 of the Revised Code and the provider has not 2524
released the individual from employment upon notice that the 2525
individual is ineligible, the department may terminate 2526
immediately the contract entered into under this section to 2527
provide publicly funded child care. 2528

(F) Any decision by the department concerning publicly 2529
funded child care, including the recovery of funds, overpayment 2530
determinations, and contract terminations is final and is not 2531
subject to appeal, hearing, or further review under Chapter 119. 2532
of the Revised Code. 2533

Sec. 5162.138. The department of medicaid shall annually 2534
prepare and submit a report to the chairpersons and ranking 2535
members of the committees of the house of representatives and 2536
senate with jurisdiction over medicaid detailing the 2537
department's efforts to ensure integrity within the medicaid 2538
program. 2539

Sec. 5162.139. (A) As used in this section, "electronic 2540
visit verification" or "EVV" has the same meaning as in section 2541

1903(1) of the "Social Security Act," 42 U.S.C. 1903(1). 2542

(B) Not later than the first day of March annually, the 2543
medicaid director shall submit a report to the governor, the 2544
speaker of the house of representatives, the president of the 2545
senate, and the auditor of state regarding electronic visit 2546
verification utilization and compliance for the immediately 2547
preceding calendar year. The report shall, at a minimum, include 2548
all of the following: 2549

(1) Provider utilization rates; 2550

(2) Provider compliance rates; 2551

(3) The number and percentage of claims or service visits 2552
with complete EVV data; 2553

(4) The number and percentage of claims or service visits 2554
with missing, incomplete, manually entered, modified, late, or 2555
unmatched EVV data; 2556

(5) The number of claims denied or paid due to EVV 2557
compliance status; 2558

(6) Compliance trends by provider type and geographic 2559
region; 2560

(7) Enforcement or corrective actions taken by the 2561
department; 2562

(8) Any recommendations to improve EVV utilization, 2563
compliance, payment integrity, and fraud prevention. 2564

(C) The department of medicaid shall make the report 2565
publicly available on the department's internet web site not 2566
later than thirty days after submitting the report in accordance 2567
with division (B) of this section, except that the department 2568

shall redact any information that is confidential under state or 2569
federal law or would otherwise compromise an ongoing audit, 2570
investigation, or enforcement action. 2571

(D) Nothing in this section shall be construed to limit 2572
the authority of the auditor of state under Chapter 117. of the 2573
Revised Code. 2574

Sec. 5162.1311. The department of medicaid shall prepare 2575
and submit an annual report to the general assembly in 2576
accordance with section 101.68 of the Revised Code that details 2577
any billing code that represents an increase or decrease of 2578
greater than fifty per cent for a particular service from the 2579
previous year. As part of the report, the department shall also 2580
provide data concerning any identified billing code or service 2581
from the five years preceding the report. 2582

Sec. 5162.17. (A) As used in this section: 2583

(1) "Electronic visit verification" or "EVV" has the same 2584
meaning as in section 1903(1) of the "Social Security Act," 42 2585
U.S.C. 1903(1). 2586

(2) "Provider" means a medicaid provider required by state 2587
or federal law to utilize an electronic visit verification 2588
system as a condition of payment for services provided under the 2589
medicaid program. 2590

(B) The department of medicaid shall maintain a statewide 2591
electronic visit verification performance dashboard. The 2592
dashboard shall include all of the following information, 2593
updated not less than quarterly: 2594

(1) Statewide utilization rates of electronic visit 2595
verification; 2596

<u>(2) Rates of successful matching between EVV records and</u>	2597
<u>submitted claims for medicaid payment;</u>	2598
<u>(3) Provider compliance trends;</u>	2599
<u>(4) The percentage of claims that are supported by</u>	2600
<u>verified EVV documentation;</u>	2601
<u>(5) Aggregate statistics regarding manually adjusted EVV</u>	2602
<u>entries;</u>	2603
<u>(6) Any other metrics the department determines</u>	2604
<u>appropriate for monitoring compliance, fraud prevention, and</u>	2605
<u>program integrity.</u>	2606
<u>(C) The department shall make aggregate statewide data</u>	2607
<u>available to the public on the department's internet web site.</u>	2608
<u>(D) The department shall use information collected and</u>	2609
<u>maintained under this section to identify providers that may</u>	2610
<u>require technical assistance, additional training, corrective</u>	2611
<u>action, or program integrity review. The department may provide</u>	2612
<u>provider-specific compliance information through a secure</u>	2613
<u>provider portal or dashboard.</u>	2614
<u>(E) The medicaid director may adopt rules under section</u>	2615
<u>5162.02 of the Revised Code to implement this section.</u>	2616
<u>Sec. 5162.18.</u> <u>The department of medicaid shall contract</u>	2617
<u>with a vendor to establish a risk matrix. The matrix shall be</u>	2618
<u>used to connect individuals with national provider identifier</u>	2619
<u>records associated with providers. The matrix shall include</u>	2620
<u>identity proofing, financial distress among providers, and</u>	2621
<u>information concerning a provider's ties to a foreign</u>	2622
<u>organization.</u>	2623
<u>Sec. 5162.19.</u> <u>(A) Prior to the issuance of any payment on</u>	2624

a claim for services provided under either the fee-for-service 2625
component of the medicaid program or the care management system 2626
established under Chapter 5167. of the Revised Code, the 2627
department of medicaid shall require that all claims be 2628
electronically evaluated to determine whether an alternative 2629
primary coverage source exists that is responsible for payment 2630
of the claim. 2631

(B) An evaluation conducted under division (A) of this 2632
section shall use automated algorithmic analysis and insurance 2633
discovery engines capable of identifying alternative primary 2634
insurance coverage associated with the medicaid recipient prior 2635
to any payment being issued. 2636

(C) Neither the department nor a medicaid managed care 2637
organization shall issue payment for a claim that has not been 2638
subjected to an evaluation under this section. 2639

(D) If an alternative primary insurance coverage source is 2640
identified, the claim shall be redirected to the identified 2641
primary insurance coverage source prior to any medicaid payment 2642
for the claim, consistent with all medicaid payer-of-last-resort 2643
requirements under state and federal law. 2644

(E) The department shall adopt rules in accordance with 2645
Chapter 119. of the Revised Code as necessary to implement the 2646
requirements of this section, including standards for approved 2647
insurance discovery engines, claims processing timelines, and 2648
reporting requirements. 2649

Sec. 5162.85. As used sections 5162.86 to 5162.89 of the 2650
Revised Code: 2651

(A) "Affiliated person" means: 2652

(1) A subcontractor, subsidiary, or parent organization of 2653

a risk contractor; 2654

(2) A party with a substantial relationship to a risk 2655
contractor, including the following: 2656

(a) An officer, director, trustee, general partner, 2657
managing employee, or other individual who holds a similar 2658
position of authority or responsibility, whether through 2659
employment or by contract; 2660

(b) A shareholder, member, or equity holder that owns, 2661
directly or indirectly, five per cent or more of any class of 2662
equity interest, or any person who would own that interest upon 2663
conversion, exercise, or exchange of a convertible security, 2664
option, warrant, or similar instrument; 2665

(c) A risk contractor's key employee; 2666

(d) An immediate family member of a person described in 2667
divisions (A) (2) (a) to (c) of this section; 2668

(e) An entity in which a person described in divisions (A) 2669
(2) (a) to (d) of this section has an ownership interest of five 2670
per cent or more, or for which an individual described in 2671
divisions (A) (2) (a) to (d) of this section serves as an officer, 2672
director, or key employee; 2673

(f) A person acting on behalf of, in concert with, or as 2674
an agent of a risk contractor with respect to any duties, 2675
functions, activities, or decision-making under the risk 2676
contractor's contract with the department or compliance with 2677
state or federal laws, regulations, or guidance. 2678

(B) "Agent" means a person that has express or implied 2679
authority to obligate or act on behalf of another person. 2680

(C) "Claim" means a request or demand for payment for a 2681

service provided to an enrollee. 2682

(D) "Conflict of interest" means a circumstance or 2683
appearance of a circumstance where an interest in, or arising 2684
from, an arrangement, relationship, transaction, or activity 2685
could or does adversely affect a risk contractor's ability to, 2686
as viewed by a reasonable person with knowledge of the relevant 2687
facts, diligently, effectively, and efficiently perform the risk 2688
contractor's duties and responsibilities under the risk 2689
contractor's contract with the department, comply with federal 2690
and state law, or act impartially and in the best interest of 2691
the medicaid program, taxpayers, and medicaid beneficiaries. 2692

(E) "Control" means a person's authority or significant 2693
influence over another person's decisions, governance, 2694
management, operations, finances, policies, business 2695
arrangements, staffing, medicaid participation or contracts, or 2696
compliance with federal and state law. 2697

(F) "Covered service" means a health or medical service or 2698
benefit covered through the medicaid program. 2699

(G) "HIPAA" means the "Health Insurance Portability and 2700
Accountability Act of 1996," 42 U.S.C. 1320d, et seq., and 2701
includes the "HIPAA privacy rule" as defined in section 3798.01 2702
of the Revised Code. 2703

(H) "Immediate family member" has the same meaning as in 2704
42 C.F.R. Sec. 1001.2. 2705

(I) "Improper payment" means any of the following: 2706

(1) A payment that the department of medicaid makes to a 2707
risk contractor in error or in excess; 2708

(2) A payment that a risk contractor makes, or another 2709

person makes on behalf of a risk contractor, that should 2710
otherwise not be made or falls into any of the following 2711
categories: 2712

(a) That is made in an incorrect or duplicate amount; 2713

(b) That is inconsistent with the risk contractor's 2714
contract with the department, applicable federal and state law, 2715
evidence-based clinical guidelines the department approves, 2716
generally accepted accounting principles, or guidance issued by 2717
the department; 2718

(c) To or on behalf of a medicaid provider, or the 2719
medicaid provider's affiliated person, agent, or subcontractor 2720
who was deceased on the date the cost was accrued; 2721

(d) For a covered service for an individual or service 2722
that is any of the following: 2723

(i) Was deceased at the time the service was received or 2724
performed; 2725

(ii) Was incarcerated and ineligible for the service 2726
received; 2727

(iii) Was not a medicaid-covered service within the scope 2728
of the risk contractor's contract; 2729

(iv) Was not received by the intended individual as 2730
indicated on the claim; 2731

(v) Was not medically necessary; 2732

(vi) Was in a setting or place of service contrary to the 2733
medicaid program; 2734

(vii) Was not clearly, accurately, and sufficiently 2735
supported by the medical record of the individual receiving the 2736

covered service; 2737

(viii) Was not supported by a clean claim that is 2738
complete, accurate, timely, properly coded and formatted, and 2739
submitted consistent with applicable claims standards and 2740
billing instructions. 2741

(e) For services, items, or transactions for which the 2742
risk contractor failed to submit to the department timely, 2743
complete, and accurate encounter data, or other required data. 2744

(3) A payment made to a medicaid provider under a sub- 2745
capitation or risk-sharing arrangement for which the medicaid 2746
provider failed to submit timely, complete, and accurate data 2747
necessary to support encounter data reporting; 2748

(4) A payment made to a medicaid provider that, on the 2749
date of service, was not properly enrolled or certified to 2750
participate in the medicaid program, did not have a valid 2751
medicaid provider agreement, or was not certified as meeting 2752
applicable requirements or conditions of participation; 2753

(5) A payment made to a medicaid provider for a covered 2754
service associated with missing, incomplete, erroneous, or 2755
encounter data that has not been validated; 2756

(6) A cost or expense a risk contractor, or risk 2757
contractor's subcontractor or agent on the risk contractor's 2758
behalf, incurs in error, by omission, as a result of a 2759
deficiency in claims adjudication, accounting systems and 2760
procedures, internal controls over financial reporting, 2761
information systems, or electronic data interchange with 2762
medicaid providers, or as a result of incomplete or inadequate 2763
adherence to generally accepted accounting principles; 2764

(7) A payment, incurred expense, transfer, or other 2765

transaction for which an independent auditor, the inspector 2766
general, or the department determines, consistent with generally 2767
accepted accounting principles and generally accepted auditing 2768
standards, that a risk contractor lacks sufficient audit 2769
evidence, or financial information about the payment, expense, 2770
transfer, or transaction is misrepresented, misstated, 2771
unreliable, falsified, erroneous, incomplete, or missing, 2772
regardless of the pervasiveness or materiality to the risk 2773
contractor's financial statements or financial position; 2774

(8) A risk contractor's payment, incurred expense, 2775
transfer, or transaction during the period covered by an 2776
independent auditor's adverse opinion; 2777

(9) The payments, expenses, transfers, and transactions an 2778
independent auditor who gives an adverse opinion, in 2779
consultation with the medicaid director, is able to reasonably 2780
determine resulted in the adverse opinion; 2781

(10) If an independent auditor issues a disclaimer of 2782
opinion, all payments made, expenses incurred, transfers, and 2783
transactions of a risk contractor during the intended period of 2784
the uncompleted or prevented audit, unless, not more than sixty 2785
days after the date on which the independent auditor issues the 2786
disclaimer, all of the following are the case: 2787

(a) All impediments to the performance of an independent 2788
audit are eliminated to the satisfaction of the independent 2789
auditor and the medicaid director. 2790

(b) The independent auditor conducts and completes a full, 2791
independent audit consistent with generally accepted auditing 2792
standards. 2793

(c) The independent auditor issues a complete audit report 2794

with a qualified or unqualified opinion. 2795

(11) A payment, expense incurred, transfer, or transaction 2796
incident to or contributing to, directly or indirectly, the 2797
exceptions or qualified matters identified in an independent 2798
auditor's qualified opinion; 2799

(12) A payment, incurred expense, transfer, or transaction 2800
made as a result, in whole or in part, of a conflict of 2801
interest; 2802

(13) The excess amount of a payment that a medicaid 2803
provider makes to a related party as a result of higher rates, 2804
favorable reimbursement policies or practices, financial 2805
incentives, more favorable terms and conditions, a preference in 2806
medical and utilization management practices, or preferences in 2807
market shares; 2808

(14) A payment made as follows: 2809

(a) For goods or services, or intracompany or intercompany 2810
services, determined on any basis other than or higher than a 2811
market-competitive, arm's length arrangement, with no financial 2812
favoritism; 2813

(b) By or on behalf of a risk contractor for the risk 2814
contractor's parent organization, subcontractor, supplier, 2815
manufacturer, distributor, or vendor. 2816

(15) A payment made to, or for the costs of, a person 2817
listed in any of the following: 2818

(a) The United States department of health and human 2819
services' office of inspector general's list of excluded 2820
individuals or entities; 2821

(b) The federal centers for medicare and medicaid services 2822

<u>national plan and provider enumeration system exclusion list;</u>	2823
<u>(c) The United States social security administration death</u>	2824
<u>master file;</u>	2825
<u>(d) Exclusions or disqualifications from the United States</u>	2826
<u>general services administration's system for award management;</u>	2827
<u>(e) Any other database described in an agreement between</u>	2828
<u>the department and a managed care organization to provide goods</u>	2829
<u>and services under the medicaid program or in federal or state</u>	2830
<u>law or regulations.</u>	2831
<u>(J) "Key employee" means an employee with authority over</u>	2832
<u>clinical operations, medical management, compliance, reporting,</u>	2833
<u>program integrity, contracting, network management, claims</u>	2834
<u>processing, utilization review, financial management, medicaid</u>	2835
<u>provider relations, government relations, or any other function</u>	2836
<u>material to the administration of a medicaid risk contract.</u>	2837
<u>(K) "Managing employee" means an individual who exercises</u>	2838
<u>operational or managerial control over the employing entity's</u>	2839
<u>functions, activities, or units or directly or indirectly</u>	2840
<u>conducts the employing entity's day-to-day operations,</u>	2841
<u>functions, activities, or units.</u>	2842
<u>(L) "National drug code identifier" has the same meaning</u>	2843
<u>as in 21 C.F.R. part 207.</u>	2844
<u>(M) "Ownership interest" means possession of, in an</u>	2845
<u>entity, any of the following:</u>	2846
<u>(1) Legal or beneficial ownership;</u>	2847
<u>(2) Capital interest;</u>	2848
<u>(3) Profit interest;</u>	2849

<u>(4) Controlling interest;</u>	2850
<u>(5) Any combination of the interests described in</u>	2851
<u>divisions (M) (1) to (4) of this section;</u>	2852
<u>(6) Indirect interest through another entity that has an</u>	2853
<u>interest described in divisions (M) (1) to (4) of this section in</u>	2854
<u>the entity;</u>	2855
<u>(7) The right to acquire an interest described in</u>	2856
<u>divisions (M) (1) to (4) of this section in the entity upon</u>	2857
<u>conversion, exercise, or exchange of a convertible security,</u>	2858
<u>option, warrant, or similar instrument.</u>	2859
<u>(N) "Parent organization" means an entity that, directly</u>	2860
<u>or indirectly, has a majority or greater ownership interest in</u>	2861
<u>and control of another entity.</u>	2862
<u>(O) "Pass through payment" has the same meaning as in 42</u>	2863
<u>C.F.R. 438.6.</u>	2864
<u>(P) "Protected health information" has the same meaning as</u>	2865
<u>in 45 C.F.R. 160.103.</u>	2866
<u>(Q) "Related party" means any of the following:</u>	2867
<u>(1) A risk contractor's parent organization;</u>	2868
<u>(2) The subordinate holding company, subsidiary, agent,</u>	2869
<u>instrumentality, partnership, joint venture, affiliated person,</u>	2870
<u>or subordinate business unit of a risk contractor, a risk</u>	2871
<u>contractor's parent organization, a subcontractor, a risk</u>	2872
<u>contractor's agent, or a medicaid provider that is an entity</u>	2873
<u>described in divisions (Q) (1) to (7) of this section;</u>	2874
<u>(3) An entity that controls, is controlled by, or is in</u>	2875
<u>common control with a risk contractor, a risk contractor's</u>	2876

parent organization, a subcontractor, a risk contractor's agent, 2877
or a medicaid provider that is an entity described in divisions 2878
(Q) (1) to (7) of this section; 2879

(4) An entity that, directly or indirectly, has an 2880
ownership interest in a risk contractor, a risk contractor's 2881
parent organization, a subcontractor, a risk contractor's agent, 2882
or a medicaid provider that is an entity described in divisions 2883
(Q) (1) to (7) of this section; 2884

(5) A medicaid provider that, directly or indirectly, has 2885
an ownership interest in a risk contractor, a risk contractor's 2886
parent organization, a subcontractor, a risk contractor's agent, 2887
or a medicaid provider that is an entity described in divisions 2888
(Q) (1) to (7) of this section; 2889

(6) A medicaid provider with a sub-capitation, risk- 2890
sharing, or shared-savings payment arrangement with a risk 2891
contractor; 2892

(7) An entity described in divisions (Q) (1) to (6) of this 2893
section that is identified in disclosures, financial statements, 2894
an audit, regulatory filings, administrative proceedings, court 2895
proceedings, federal or state oversight, compliance, 2896
enforcement, or investigative activities, or state legislative 2897
oversight activities. 2898

(R) "Risk contractor" means a person that has, or is 2899
seeking to qualify for, a contract with the department to 2900
provide or arrange for covered services to medicaid program 2901
enrollees as any of the following: 2902

(1) A managed care organization; 2903

(2) A health insuring organization, a prepaid ambulatory 2904
health plan, or prepaid inpatient health plan, as those terms 2905

are defined in 42 C.F.R. 438.2; 2906

(3) A provider of long-term support services under a 2907
medicaid plan waiver; 2908

(4) A highly integrated dual eligible special needs plan 2909
or a fully integrated dual eligible special needs plan, as those 2910
terms are defined in 42 C.F.R. 422.2; 2911

(5) Another type of risk-bearing entity licensed by this 2912
state that meets federal and state statutory and regulatory 2913
requirements, assumes full, partial, or shared risk for the cost 2914
of covered services, and may incur loss if the cost of providing 2915
the covered services exceeds payments under the entity's 2916
agreement with the department to provide goods or services under 2917
the medicaid program. 2918

(S) "State directed payment" means a contract arrangement 2919
that directs the expenditures of a managed care organization, 2920
including to implement value-based purchasing models for the 2921
following: 2922

(1) Medicaid provider reimbursement; 2923

(2) Multi-payer reform; 2924

(3) Medicaid-specific delivery system reform; 2925

(4) Performance improvement incentives, which may include, 2926
for medicaid providers that provide a specific service under the 2927
agreement a minimum fee schedule, a uniform dollar amount or 2928
percentage increase in reimbursement, or a maximum fee schedule. 2929

(T) "Subcontractor" means a person that contracts with a 2930
risk contractor to provide, arrange for, manage, or perform a 2931
good or service under the risk contractor's agreement with the 2932
department, including: 2933

<u>(1) A pharmacy benefit manager;</u>	2934
<u>(2) A behavioral health organization;</u>	2935
<u>(3) A dental benefit administrator;</u>	2936
<u>(4) A transportation broker;</u>	2937
<u>(5) A utilization management organization;</u>	2938
<u>(6) An entity that performs financial management services,</u>	2939
<u>claims processing, decision support and analytics, care</u>	2940
<u>management, medical policy and utilization review services,</u>	2941
<u>quality improvement activities, provider network management,</u>	2942
<u>member services, information systems and technology services,</u>	2943
<u>marketing, staffing services, or government relations.</u>	2944
<u>(U) "Value-add benefits" means benefits offered by a</u>	2945
<u>managed care organization in addition to standard coverage</u>	2946
<u>offered through the medicaid program.</u>	2947
<u>(V) "Value-based purchasing model" means a model for</u>	2948
<u>medicaid provider reimbursement that recognizes value or</u>	2949
<u>outcomes over volume of services, including pay for performance</u>	2950
<u>or bundled payments.</u>	2951
<u>Sec. 5162.86.</u> <u>(A) (1) The department of medicaid shall</u>	2952
<u>establish and maintain a database to collect, process, store,</u>	2953
<u>and report on covered services provided to all enrollees in</u>	2954
<u>medicaid MCO plans, which shall be known as the medicaid</u>	2955
<u>encounter data system.</u>	2956
<u>(2) For each medicaid MCO plan, a medicaid managed care</u>	2957
<u>organization shall quarterly submit all of the following to the</u>	2958
<u>department, in a format that complies with HIPAA and any rules</u>	2959
<u>adopted by the medicaid director under this section:</u>	2960

<u>(a) Total number of services rendered, by billing code and</u>	2961
<u>medicaid provider;</u>	2962
<u>(b) Total spending on medical claims, non-claims</u>	2963
<u>expenditures, and non-benefit services;</u>	2964
<u>(c) Total spending on pass through payments and state</u>	2965
<u>directed payments by medicaid provider;</u>	2966
<u>(d) Total spending, including funds from state and federal</u>	2967
<u>sources:</u>	2968
<u>(i) By billing code;</u>	2969
<u>(ii) By medicaid provider, including public and private</u>	2970
<u>medicaid providers;</u>	2971
<u>(iii) On mandatory medicaid benefits;</u>	2972
<u>(iv) On optional medicaid benefits, including value-add</u>	2973
<u>benefits.</u>	2974
<u>(e) Total number and share of enrollees receiving care in</u>	2975
<u>an emergency room;</u>	2976
<u>(f) Total claims and spending on services delivered in an</u>	2977
<u>emergency room;</u>	2978
<u>(g) Total spending on services delivered by a</u>	2979
<u>subcontractor, provider, or medicaid managed care organization's</u>	2980
<u>related party, by service type;</u>	2981
<u>(h) Total spending on prescription drugs for each national</u>	2982
<u>drug code identifier;</u>	2983
<u>(i) Total number and share of enrollees who did not file</u>	2984
<u>any claims.</u>	2985
<u>(B) (1) A medicaid managed care organization shall submit</u>	2986

to the department complete copies of all data, reports, and 2987
disclosures the managed care organization submits to the federal 2988
centers for medicare and medicaid services not later than thirty 2989
days after the date on which the managed care organization 2990
submits such data, reports, and disclosures to the centers for 2991
medicare and medicaid services. 2992

(2) Not later than thirty days after the date on which the 2993
department receives a submission described in division (B)(1) of 2994
this section, the department shall post the submission on the 2995
internet web site maintained by the department. Before posting a 2996
submission, the department shall redact protected health 2997
information from the submission. 2998

(3) A medicaid managed care organization shall certify in 2999
writing that the data, reports, and disclosures submitted as 3000
described in this division are accurate and complete. 3001

(4) If a medicaid managed care organization contracts with 3002
a subcontractor to provide products or services for medical 3003
assistance, and the subcontractor collects the data described in 3004
division (B)(1) of this section, the managed care organization 3005
shall collect the data from the subcontractor to submit to the 3006
department and the subcontractor shall provide to the managed 3007
care organization access to the data in a manner that complies 3008
with HIPAA. 3009

(C) The department shall require that each contract 3010
entered into after the effective date of this section under 3011
section 5167.10 of the Revised Code include a requirement that 3012
the medicaid managed care organization and medicaid MCO plan 3013
comply with this section and any rules the medicaid director 3014
adopts under this section or risk the contract's termination. In 3015
the event of a termination, the managed care organization is not 3016

eligible to enter into a new contract with the department until 3017
five years after the date on which the contract was terminated 3018
or unless the managed care organization submits to the 3019
department a written explanation of action the managed care 3020
organization has taken to ensure the managed care organization's 3021
compliance with this section. 3022

(D) (1) The department shall annually publish a report that 3023
includes a summary of, and managed care organization-specific 3024
measures of, medicaid managed care organizations' performance 3025
and service utilization. 3026

(2) On or before the first day of November of each year, 3027
the department shall submit the report described in division (D) 3028
(1) of this section to the chairpersons of the standing 3029
committees of the senate and house of representatives primarily 3030
responsible for considering matters related to medicaid. 3031

(E) (1) The department shall make all of the following 3032
publicly available on the medicaid encounter data system 3033
database and, on the request of a member of the public, in print 3034
format: 3035

(a) The data described in division (A) of this section; 3036

(b) Medical loss ratio audited reports; 3037

(c) Audited financial statements for all medicaid managed 3038
care organizations and any subcontractor or managed care 3039
organization's related party that provides products or services 3040
to a managed care organization; 3041

(d) The report described in division (D) of this section. 3042

(2) The department shall ensure that financial data and 3043
encounter data published under this section does not identify or 3044

tend to identify any particular individual. 3045

(3) The medicaid encounter data system database shall be 3046
easily accessible to the public through a link posted in a 3047
conspicuous place on the internet web site maintained by the 3048
department. 3049

(F) (1) To the extent permitted by federal law or as 3050
otherwise provided for in the Revised Code, any data, 3051
information, reports, and disclosures submitted by a medicaid 3052
managed care organization to the department in accordance with 3053
this section is a public record under section 149.43 of the 3054
Revised Code. 3055

(2) Except as provided in division (F) (3) of this section, 3056
a risk contractor, subcontractor, parent organization, medicaid 3057
provider, or person may not make a claim of business 3058
confidentiality for any data, information, report, or disclosure 3059
submitted to the department under this section. 3060

(3) Division (F) (2) of this section does not apply to any 3061
trade secrets, commercial information, or nonindividual 3062
financial information. 3063

(G) Nothing in this section shall be construed to alter or 3064
preempt the requirements for protecting health information under 3065
HIPAA. 3066

(H) The medicaid director shall adopt rules in accordance 3067
with Chapter 119. of the Revised Code to implement this section, 3068
including rules establishing the following: 3069

(1) The timelines and procedures for submitting the data, 3070
information, reports, and disclosures required under this 3071
section; 3072

(2) The required format and redactions for submissions 3073
required under this section. 3074

Sec. 5162.87. (A) Each risk contractor and subcontractor 3075
shall annually contract with an independent auditor to conduct 3076
an independent audit, performed in accordance with generally 3077
accepted auditing standards, of all of the following: 3078

(1) The risk contractor and subcontractor's financial 3079
statements; 3080

(2) The risk contractor and subcontractor's compliance 3081
with federal and state law; 3082

(3) The risk contractor and subcontractor's internal 3083
controls. 3084

(B) An independent auditor that conducts an audit as 3085
described in this section shall meet all of the following 3086
criteria: 3087

(1) Be independent; 3088

(2) Have no relationship to any of the following within 3089
the five years before the audit: 3090

(a) The risk contractor's parent organization, 3091
subcontractor, related party, or affiliated person; 3092

(b) The subcontractor's risk contractor, parent 3093
organization, related party, or affiliated person. 3094

(C) An independent audit conducted under this section is 3095
in addition to audits and investigations conducted by the 3096
department under this chapter or Chapter 5164. or 5167. of the 3097
Revised Code. 3098

(D) (1) A risk contractor shall repay any payment, expense, 3099

transfer, or transaction that contributes to, directly or 3100
indirectly, the exceptions or qualified matters identified in a 3101
qualified opinion that an independent auditor issues for an 3102
audit under this section. 3103

(2) The risk contractor shall make the repayment described 3104
in division (D) (1) of this section not later than thirty days 3105
after the date on which the independent auditor issues the 3106
qualified opinion. 3107

(E) Before an audit under this section begins, the risk 3108
contractor or subcontractor shall do both of the following: 3109

(1) Provide the independent auditor with a written waiver 3110
of confidentiality; 3111

(2) Authorize and direct the independent auditor to share 3112
the auditor's progress, findings, reports, opinions, management 3113
letters, and working papers with the department and the 3114
inspector general. 3115

(F) (1) Audit reports, findings, opinions, management 3116
letters, and working papers that an independent auditor provides 3117
to the department under this section are public records under 3118
section 149.43 of the Revised Code. 3119

(2) Except as provided in division (F) (3) of this section, 3120
the department shall publish on the internet web site maintained 3121
by the department, without redaction, the records described in 3122
division (F) (1) of this section not later than fifteen business 3123
days after the date on which the department receives the 3124
records. 3125

(3) The department may delay the publication of records 3126
described in division (F) (1) of this section of a forensic audit 3127
if a state or federal investigation requires a delay. 3128

(G) The medicaid director shall adopt rules in accordance 3129
with Chapter 119. of the Revised Code establishing sanctions to 3130
be imposed on a risk contractor receiving any of the following 3131
from an independent audit: 3132

(1) A qualified audit opinion, which shall require 3133
resolution not later than one hundred eighty days after the date 3134
on which the independent auditor issues the qualified audit 3135
opinion; 3136

(2) A disclaimer of opinion, which shall require: 3137

(a) A resolution not later than ninety days after the date 3138
on which the independent auditor issues the disclaimer of 3139
opinion; 3140

(b) Additional sanctions if the risk contractor does not 3141
complete resolution as described in division (G) (2) (a) of this 3142
section. 3143

(3) An adverse opinion. 3144

Sec. 5162.88. (A) Each risk contractor and subcontractor 3145
shall do all of the following on a quarterly basis: 3146

(1) Identify and document all improper payments; 3147

(2) Conduct a root cause analysis for each type of 3148
improper payment; 3149

(3) Repay all improper payments not later than thirty days 3150
after the date on which the report described in division (B) of 3151
this section is due; 3152

(4) Develop and implement a corrective action plan that 3153
includes improvements in policies, procedures, accounting, 3154
financial management, internal controls, information systems, 3155

reporting, staffing, or training necessary to address improper 3156
payments. 3157

(B) (1) Each risk contractor and subcontractor shall 3158
quarterly submit to the department of medicaid a report of the 3159
risk contractor's or subcontractor's improper payments, root 3160
cause analyses, and corrective action plan. 3161

(2) The department shall publish the reports described in 3162
division (B) (1) of this section on the internet web site 3163
maintained by the department. 3164

(C) The medicaid director shall adopt rules in accordance 3165
with Chapter 119. of the Revised Code establishing the 3166
following: 3167

(1) Dates for submitting reports as required by this 3168
section; 3169

(2) Sanctions to be imposed on a risk contractor or 3170
subcontractor for failing to repay as described in this section. 3171

Sec. 5162.89. (A) A risk contractor or subcontractor may 3172
not engage, employ, or contract with, either directly or through 3173
the risk contractor's or subcontractor's parent organization or 3174
affiliated person, an actuary or actuarial firm that meets any 3175
of the following: 3176

(1) Provides or has provided actuarial services to the 3177
department of medicaid related to the medicaid program within 3178
the preceding five years, another risk contractor or 3179
subcontractor that participates in the medicaid program or has 3180
participated in or sought to participate in the medicaid program 3181
within the preceding three years, or a parent organization of a 3182
risk contractor or subcontractor within the preceding three 3183
years; 3184

(2) Has any ownership interest in, control in, or 3185
compensation arrangement with the department or any other risk 3186
contractor or subcontractor that participates in or is seeking 3187
to participate in the medicaid program. 3188

(B) (1) A relationship described in division (A) of this 3189
section is a conflict of interest. 3190

(2) A conflict described in this section is not cured by 3191
any policy or practice of the actuary or actuarial firm, 3192
including informational barriers or ethical walls. 3193

(C) Before engaging, employing, or contracting with an 3194
actuary or actuarial firm, a risk contractor or subcontractor 3195
shall verify and certify to the department that the actuary or 3196
actuarial firm does not have a conflict of interest described in 3197
division (A) of this section. 3198

(D) If a risk contractor or subcontractor engages, 3199
employs, or contracts with an actuary or actuarial firm with a 3200
conflict of interest described in division (A) of this section, 3201
the department shall impose on the risk contractor or 3202
subcontractor any of the sanctions established in rules adopted 3203
under division (F) of this section. 3204

(E) If an actuary or actuarial firm with a conflict of 3205
interest described in division (A) of this section produces 3206
actuarial work for a risk contractor or subcontractor, then both 3207
of the following apply: 3208

(1) The actuarial work is void. 3209

(2) No party, including a risk contractor, a 3210
subcontractor, or the department, may rely on the actuarial 3211
work. 3212

(F) The medicaid director shall adopt rules in accordance 3213
with Chapter 119. of the Revised Code establishing sanctions to 3214
be imposed on a risk contractor or subcontractor for failing to 3215
comply with division (D) of this section. 3216

Sec. 5164.12. The department of medicaid shall impose a 3217
prior authorization requirement on all therapeutic behavioral 3218
services that are provided under the medicaid program. 3219

Sec. 5164.292. (A) The department of medicaid shall 3220
require the providers and facilities described in this section 3221
to provide the department or the department's credentialing 3222
designee with the information described in divisions (B) and (C) 3223
of this section every twenty-four months, or sooner if required 3224
under division (D) of this section, as a condition of continued 3225
participation in the medicaid program. 3226

(B) (1) Each of the following providers shall provide the 3227
department or the department's credentialing designee with the 3228
information described in division (B) (2) of this section as 3229
required by this section: 3230

(a) Physicians licensed under Chapter 4731. of the Revised 3231
Code to practice medicine and surgery, osteopathic medicine and 3232
surgery, or podiatric medicine and surgery; 3233

(b) Psychologists licensed under Chapter 4732. of the 3234
Revised Code; 3235

(c) Physician assistants licensed under Chapter 4730. of 3236
the Revised Code; 3237

(d) Dentists licensed under Chapter 4715. of the Revised 3238
Code; 3239

(e) Optometrists licensed under Chapter 4725. of the 3240

<u>Revised Code;</u>	3241
<u>(f) Pharmacists licensed under Chapter 4729. of the</u>	3242
<u>Revised Code;</u>	3243
<u>(g) Chiropractors licensed under Chapter 4734. of the</u>	3244
<u>Revised Code;</u>	3245
<u>(h) Acupuncturists licensed under Chapter 4762. of the</u>	3246
<u>Revised Code;</u>	3247
<u>(i) Clinical nurse specialists, certified nurse-midwives,</u>	3248
<u>or certified nurse practitioners licensed under Chapter 4723. of</u>	3249
<u>the Revised Code;</u>	3250
<u>(j) Licensed independent social workers, licensed</u>	3251
<u>independent marriage and family therapists, or licensed</u>	3252
<u>professional clinical counselors licensed under Chapter 4757. of</u>	3253
<u>the Revised Code;</u>	3254
<u>(k) Licensed independent chemical dependency counselors</u>	3255
<u>licensed under Chapter 4758. of the Revised Code;</u>	3256
<u>(l) Certified Ohio behavior analysts licensed under</u>	3257
<u>Chapter 4783. of the Revised Code;</u>	3258
<u>(m) Audiologists and speech-language pathologists licensed</u>	3259
<u>under Chapter 4753. of the Revised Code;</u>	3260
<u>(n) Occupational therapists and physical therapists</u>	3261
<u>licensed under Chapter 4755. of the Revised Code;</u>	3262
<u>(o) Dietitians licensed under Chapter 4759. of the Revised</u>	3263
<u>Code.</u>	3264
<u>(2) Providers described in division (B)(1) of this section</u>	3265
<u>shall provide the department or department's credentialing</u>	3266
<u>designee with all of the following about the provider in</u>	3267

<u>accordance with this section:</u>	3268
<u>(a) Access to the standard provider credentialing</u>	3269
<u>application form used by the council for affordable quality</u>	3270
<u>healthcare in accordance with section 3963.05 of the Revised</u>	3271
<u>Code within one hundred eighty days prior to credentialing date;</u>	3272
<u>(b) Active provider licensing information;</u>	3273
<u>(c) Board certification, if applicable;</u>	3274
<u>(d) Educational background;</u>	3275
<u>(e) Clinical privileges, if applicable;</u>	3276
<u>(f) Medical malpractice insurance;</u>	3277
<u>(g) Drug enforcement administration certification, if</u>	3278
<u>applicable;</u>	3279
<u>(h) National practitioner data bank information regarding</u>	3280
<u>malpractice and clinical privilege actions;</u>	3281
<u>(i) Sanctions or limitations on licensure;</u>	3282
<u>(j) Eligibility for participation in medicare and</u>	3283
<u>medicaid, if applicable.</u>	3284
<u>(C) (1) Each of the following facilities shall provide the</u>	3285
<u>department or the department's credentialing designee with the</u>	3286
<u>information described in division (C) (2) of this section as</u>	3287
<u>required by this section:</u>	3288
<u>(a) Nursing facilities as defined in Chapter 5165. of the</u>	3289
<u>Revised Code;</u>	3290
<u>(b) Hospitals as defined in Chapter 3727. of the Revised</u>	3291
<u>Code;</u>	3292
<u>(c) Hospice care programs licensed under Chapter 3712. of</u>	3293

<u>the Revised Code;</u>	3294
<u>(d) Home health agencies licensed by the department of</u>	3295
<u>health under Chapter 3740. of the Revised Code;</u>	3296
<u>(e) Ambulatory surgical facilities as defined in section</u>	3297
<u>3702.30 of the Revised Code;</u>	3298
<u>(f) Community mental health services providers and</u>	3299
<u>community addiction services providers as defined in Chapter</u>	3300
<u>5119. of the Revised Code;</u>	3301
<u>(g) Freestanding dialysis centers and freestanding</u>	3302
<u>radiation therapy centers licensed by the department of health</u>	3303
<u>under Chapter 3702. of the Revised Code;</u>	3304
<u>(h) Residential facilities as defined in Chapter 5119. of</u>	3305
<u>the Revised Code.</u>	3306
<u>(2) Facilities described in division (C) (1) of this</u>	3307
<u>section shall provide the department or department's</u>	3308
<u>credentialing designee with all of the following about the</u>	3309
<u>facility in accordance with this section:</u>	3310
<u>(a) The standardized credentialing form part B maintained</u>	3311
<u>by the department of insurance;</u>	3312
<u>(b) Active provider licensing information;</u>	3313
<u>(c) Certification through an accrediting body or a site</u>	3314
<u>visit completed by a state designated agency;</u>	3315
<u>(d) Eligibility for participation in medicare and</u>	3316
<u>medicaid, if applicable;</u>	3317
<u>(e) Verification of good standing with applicable state</u>	3318
<u>and federal bodies;</u>	3319
<u>(f) Active malpractice insurance.</u>	3320

(D) The department of medicaid shall require a provider or 3321
facility to provide the information described in this section to 3322
the department or the department's credentialing designee sooner 3323
than every twenty-four months if required under federal law or 3324
if the medicaid director determines that a shorter time frame is 3325
necessary. 3326

Sec. 5164.302. (A) Before entering into a provider 3327
agreement with a medicaid provider that seeks initial enrollment 3328
as a provider of home and community-based services under the 3329
medicaid program, the department of medicaid shall conduct an 3330
in-person review of the individual or site inspection of the 3331
entity seeking enrollment as a provider. The department shall 3332
thereafter conduct a subsequent in-person review or site 3333
inspection every three years. 3334

(B) The department shall deny, refuse to revalidate, 3335
suspend, or terminate a provider agreement if the department 3336
determines that an individual or entity seeking enrollment as a 3337
provider of home and community-based services under the medicaid 3338
program is principally located at the same address as more than 3339
two other existing home and community-based services medicaid 3340
providers or is principally located at the same address as 3341
another home and community-based services medicaid provider when 3342
the address contains less than one thousand square feet of 3343
space. 3344

(C) The department of medicaid shall work with the auditor 3345
of state whenever it is determined that a single address is the 3346
principal place of business for more than two home and 3347
community-based services medicaid providers. 3348

Sec. 5164.32. (A) Each medicaid provider agreement shall 3349
expire not later than ~~five~~three years from its effective date 3350

~~or sooner if determined necessary by the medicaid director. If a~~ 3351
~~provider agreement entered into before the effective date of~~ 3352
~~this amendment does not have a time limit, the department of~~ 3353
~~medicaid shall convert the agreement to a provider agreement~~ 3354
~~with a time limit.~~ 3355

(B) The medicaid director shall adopt rules under section 3356
5164.02 of the Revised Code as necessary to implement this 3357
section. The rules shall be consistent with subpart E of 42 3358
C.F.R. Part 455 and include a process for revalidating medicaid 3359
providers' continued enrollments as providers. All of the 3360
following apply to the revalidation process: 3361

(1) The department shall refuse to revalidate a provider's 3362
provider agreement when the provider fails to file a complete 3363
application for revalidation within the time and in the manner 3364
required under the revalidation process. 3365

(2) If a provider files a complete application for 3366
revalidation within the time and in the manner required under 3367
the revalidation process, but the provider agreement expires 3368
before the department acts on the application or before the 3369
effective date of the department's decision on the application, 3370
the provider, subject to division (B)(3) of this section, may 3371
continue operating under the terms of the expired provider 3372
agreement until the effective date of the department's decision. 3373

(3) If a provider continues operating under the terms of 3374
an expired provider agreement pursuant to division (B)(2) of 3375
this section and the department denies the provider's 3376
application for revalidation, medicaid payments shall not be 3377
made for services or items the provider provides during the 3378
period beginning on the date the provider agreement expired and 3379
ending on the effective date of a subsequent provider agreement, 3380

if any, the department enters into with the provider. 3381

Sec. 5164.33. ~~(A)~~ (A) (1) The medicaid director may do the 3382
following for any reason permitted or required by federal law 3383
and when the director determines that the action is in the best 3384
interests of medicaid recipients or the state: 3385

~~(1)~~ (a) Deny, refuse to revalidate, suspend, or terminate a 3386
provider agreement; 3387

~~(2)~~ (b) Exclude an individual, provider of services or 3388
goods, or other entity from participation in the medicaid 3389
program. 3390

(2) The medicaid director shall deny, refuse to 3391
revalidate, suspend, or terminate a provider agreement of any 3392
provider who has not submitted a claim for payment to the 3393
department for a period of one year. 3394

(3) Whenever a temporary moratorium on the enrollment of 3395
new providers or provider types is issued pursuant to 42 C.F.R. 3396
424.570, the medicaid director shall issue a similar moratorium 3397
and deny all pending applications for provider agreements, 3398
including applications that were pending prior to the issuance 3399
of the temporary moratorium and were still awaiting approval 3400
when the moratorium was issued. In issuing a moratorium under 3401
this section, the director shall comply with the requirements 3402
specified in 42 C.F.R. 455.470. 3403

(B) No individual, provider, or entity excluded from 3404
participation in the medicaid program under this section shall 3405
do any of the following: 3406

(1) Own, or provide services to, any other medicaid 3407
provider or risk contractor; 3408

(2) Arrange for, render, or order services for medicaid 3409
recipients during the period of exclusion; 3410

(3) During the period of exclusion, receive direct 3411
payments under the medicaid program or indirect payments of 3412
medicaid funds in the form of salary, shared fees, contracts, 3413
kickbacks, or rebates from or through any other medicaid 3414
provider or risk contractor. 3415

(C) An individual, provider, or entity excluded from 3416
participation in the medicaid program under this section may 3417
request a reconsideration of the exclusion. The director shall 3418
adopt rules under section 5164.02 of the Revised Code governing 3419
the process for requesting a reconsideration. 3420

(D) Nothing in this section limits the applicability of 3421
section 5164.38 of the Revised Code to a medicaid provider. 3422

(E) To the extent permitted under state or federal law, 3423
the department of medicaid shall share information concerning 3424
the director's decision to deny, refuse to revalidate, suspend, 3425
or terminate a provider agreement under this section with any 3426
other board or commission responsible for regulating a component 3427
of the health care industry. 3428

Sec. 5164.331. The department of medicaid shall conduct an 3429
investigation if the department determines that an individual or 3430
entity seeking initial enrollment as a provider shares the same 3431
address, business signage, or telephone number as a current 3432
provider. If an investigation conducted by the department 3433
determines it necessary, the department shall take the actions 3434
described in section 5164.302 of the Revised Code with regard to 3435
the individual or entity seeking initial enrollment as a 3436
provider. 3437

Sec. 5164.332. (A) The department of medicaid shall impose 3438
a temporary suspension of medicaid payments and conduct an 3439
investigation if the department determines there is a suspicious 3440
increase in the number of claims for payment submitted by a 3441
provider in the first sixty days of the provider entering into a 3442
provider agreement with the department. 3443

(B) The department shall flag and investigate any time the 3444
department determines that the number of claims for payment 3445
submitted by a provider in a month increases by more than one 3446
hundred per cent without a corresponding increase in the number 3447
of medicaid enrollees receiving services from the provider. 3448

Sec. 5164.36. (A) As used in this section: 3449

(1) "Credible allegation of fraud" has the same meaning as 3450
in 42 C.F.R. 455.2, except that for purposes of this section any 3451
reference in that regulation to the "state" or the "state 3452
medicaid agency" means the department of medicaid. A "credible 3453
allegation of fraud" includes falsified or fake check-ins, 3454
forged paperwork, double billing for medicaid services, identity 3455
misuse, impossible travel patterns, claims that overlap with a 3456
hospital stay, and coordinated billing rings. 3457

(2) "Disqualifying indictment" means an indictment of a 3458
medicaid provider or its officer, authorized agent, associate, 3459
manager, employee, or, if the provider is a noninstitutional 3460
provider, its owner, if either of the following applies: 3461

(a) The indictment charges the person with committing an 3462
act to which both of the following apply: 3463

(i) The act would be a felony or misdemeanor under the 3464
laws of this state or the jurisdiction within which the act 3465
occurred. 3466

(ii) The act relates to or results from furnishing or 3467
billing for medicaid services under the medicaid program or 3468
relates to or results from performing management or 3469
administrative services relating to furnishing medicaid services 3470
under the medicaid program. 3471

(b) The indictment charges the person with committing an 3472
act that would constitute a disqualifying offense. 3473

(3) "Disqualifying offense" means any of the offenses 3474
listed or described in divisions (A) (3) (a) to (e) of section 3475
109.572 of the Revised Code. 3476

(4) "Noninstitutional medicaid provider" means any person 3477
or entity with a provider agreement other than a hospital, 3478
nursing facility, or ICF/IID. 3479

(5) "Owner" means any person having at least five per cent 3480
ownership in a noninstitutional medicaid provider. 3481

(B) (1) Except as provided in division (C) of this section 3482
and in rules authorized by this section, the department of 3483
medicaid shall suspend the provider agreement held by a medicaid 3484
provider on determining either of the following: 3485

(a) There is a credible allegation of fraud against any of 3486
the following for which an investigation is pending under the 3487
medicaid program: 3488

(i) The medicaid provider; 3489

(ii) The medicaid provider's owner, officer, authorized 3490
agent, associate, manager, or employee. 3491

(b) A disqualifying indictment has been issued against any 3492
of the following: 3493

(i) The medicaid provider;	3494
(ii) The medicaid provider's officer, authorized agent, associate, manager, or employee;	3495 3496
(iii) If the medicaid provider is a noninstitutional provider, its owner.	3497 3498
(2) Subject to division (C) of this section, the department shall also suspend all medicaid payments to a medicaid provider for services rendered, regardless of the date that the services are rendered, when the department suspends the provider's provider agreement under this section.	3499 3500 3501 3502 3503
(3) <u>When the attorney general submits a credible allegation of fraud to the department, the department shall take the following actions as directed by the attorney general:</u>	3504 3505 3506
(a) <u>Suspend medicaid payments to the provider in whole, in part, or as applied to targeted payments;</u>	3507 3508
(b) <u>Require pre-payment review of the provider's claims.</u>	3509
(4) <u>The suspension of a provider agreement or medicaid payments shall continue in effect until the latest of the following occurs:</u>	3510 3511 3512
(a) If the suspension is the result of a credible allegation of fraud, the department or a prosecuting authority determines that there is insufficient evidence of fraud by the medicaid provider;	3513 3514 3515 3516
(b) Regardless of whether the suspension is the result of a credible allegation of fraud or a disqualifying indictment, the proceedings in any related criminal case are completed through dismissal of the indictment or through sentencing after conviction or entry of a guilty plea or through finding of not	3517 3518 3519 3520 3521

guilty or, if the department commences a process to terminate 3522
the suspended provider agreement, the termination process is 3523
concluded; 3524

(c) The medicaid provider pays in full all fines and debts 3525
due and owing to the department or makes arrangements 3526
satisfactory to the department to fulfill those obligations; 3527

(d) A civil action related to a credible allegation of 3528
fraud or disqualifying indictment is not pending against the 3529
medicaid provider; 3530

(e) If payments are suspended under division (B) (3) of 3531
this section, until the completion of the administrative review 3532
described in division (D) (2) of this section. 3533

~~(4) (a)~~ (5) (a) When a provider agreement is suspended under 3534
this section, none of the following shall take, during the 3535
period of the suspension, any of the actions specified in 3536
division ~~(B) (4) (b)~~ (B) (5) (b) of this section: 3537

(i) The medicaid provider; 3538

(ii) If the suspension is the result of an action taken by 3539
an officer, authorized agent, associate, manager, or employee of 3540
the medicaid provider, that person; 3541

(iii) If the medicaid provider is a noninstitutional 3542
provider and the suspension is the result of an action taken by 3543
the owner of the provider, the owner. 3544

(b) The following are the actions that persons specified 3545
in division ~~(B) (4) (a)~~ (B) (5) (a) of this section cannot take 3546
during the suspension of a provider agreement: 3547

(i) Own any other medicaid provider or risk contractor; 3548

(ii) Arrange, render, or order services on behalf of any 3549
other medicaid provider or risk contractor; 3550

(iii) Arrange or order services for medicaid recipients or 3551
render services to medicaid recipients; 3552

(iv) Receive direct payments under the medicaid program or 3553
indirect payments of medicaid funds in the form of salary, 3554
shared fees, contracts, kickbacks, or rebates from or through 3555
any other medicaid provider or risk contractor. 3556

(C) The department shall not suspend a provider agreement 3557
or medicaid payments under division (B) of this section if 3558
either of the following is the case: 3559

(1) The medicaid provider or, if the provider is a 3560
noninstitutional provider, the owner can demonstrate through the 3561
submission of written evidence that the provider or owner did 3562
not directly or indirectly sanction the action of its authorized 3563
agent, associate, manager, or employee that resulted in the 3564
credible allegation of fraud or disqualifying indictment. 3565

(2) The medicaid provider or, if the provider is a 3566
noninstitutional provider, the owner can demonstrate that good 3567
cause exists not to suspend the provider agreement or payments. 3568

With respect to the evidence described in division (C) (1) 3569
of this section, the department shall grant, prior to 3570
suspension, the provider or owner an opportunity to submit the 3571
written evidence to the department. 3572

With respect to a demonstration of good cause described in 3573
division (C) (2) of this section, the department shall specify in 3574
rules adopted under section 5164.02 of the Revised Code what 3575
constitutes good cause and the information, documents, or other 3576
evidence that must be submitted to the department as part of the 3577

demonstration. 3578

~~(D)~~ (D) (1) After suspending a provider agreement under 3579
division ~~(B)~~ (B) (1) of this section, the department shall send 3580
notice of the suspension to the affected medicaid provider or, 3581
if the provider is a noninstitutional provider, the owner in 3582
accordance with the following time frames: 3583

~~(1)~~ (a) Not later than five days after the suspension, 3584
unless a law enforcement agency makes a written request to 3585
temporarily delay the notice; 3586

~~(2)~~ (b) If a law enforcement agency makes a written request 3587
to temporarily delay the notice, not later than thirty days 3588
after the suspension occurs subject to the conditions specified 3589
in division (E) of this section. 3590

(2) If medicaid payments are suspended in accordance with 3591
division (B) (3) of this section, the medicaid provider or, if 3592
the provider is a noninstitutional provider, the owner shall be 3593
entitled to a hearing and independent administrative review of 3594
the suspension not later than ten business days after the 3595
suspension takes effect. 3596

(E) A written request for a temporary delay described in 3597
division ~~(D)~~ ~~(2)~~ (D) (1) (b) of this section may be renewed in 3598
writing by a law enforcement agency not more than two times 3599
except that under no circumstances shall the notice be issued 3600
more than ninety days after the suspension occurs. 3601

(F) The notice required by division (D) of this section 3602
shall do all of the following: 3603

(1) State that payments are being suspended in accordance 3604
with this section and 42 C.F.R. 455.23; 3605

(2) Set forth the general allegations related to the 3606
nature of the conduct leading to the suspension, except that it 3607
is not necessary to disclose any specific information concerning 3608
an ongoing investigation; 3609

(3) State that the suspension continues to be in effect 3610
until the latest of the circumstances specified in division ~~(B)~~ 3611
~~(3)~~ (B) (4) of this section occur; 3612

(4) Specify, if applicable, the type or types of medicaid 3613
claims or business units of the medicaid provider that are 3614
affected by the suspension; 3615

(5) Inform the medicaid provider or owner of the 3616
opportunity to submit to the department, not later than thirty 3617
days after receiving the notice, a request for reconsideration 3618
of the suspension in accordance with division (G) of this 3619
section. 3620

(G) (1) Pursuant to the procedure specified in division (G) 3621
(2) of this section, a medicaid provider subject to a suspension 3622
under this section or, if the provider is a noninstitutional 3623
provider, the owner may request a reconsideration of the 3624
suspension. The request shall be made not later than thirty days 3625
after receipt of a notice required by division ~~(D)~~ (D) (1) of this 3626
section. The reconsideration is not subject to an adjudication 3627
hearing pursuant to Chapter 119. of the Revised Code. 3628

(2) In requesting a reconsideration, the medicaid provider 3629
or owner shall submit written information and documents to the 3630
department. The information and documents may pertain to either 3631
of the following issues: 3632

(a) Whether the determination to suspend the provider 3633
agreement was based on a mistake of fact, other than the 3634

validity of an indictment in a related criminal case. 3635

(b) If there has been an indictment in a related criminal 3636
case, whether the indictment is a disqualifying indictment. 3637

(H) The department shall review the information and 3638
documents submitted in a request made under division (G) of this 3639
section for reconsideration of a suspension. After the review, 3640
the suspension may be affirmed, reversed, or modified, in whole 3641
or in part. The department shall notify the affected provider or 3642
owner of the results of the review. 3643

(I) Rules adopted under section 5164.02 of the Revised 3644
Code may specify circumstances under which the department would 3645
not suspend a provider agreement pursuant to this section. The 3646
department shall adopt rules establishing expedited appeal 3647
procedures for purposes of an administrative review conducted 3648
under division (D) (2) of this section. 3649

Sec. 5164.40. As used in sections 5164.40 to 5164.407 of 3650
the Revised Code: 3651

(A) "Breadcrumb location data" means data that provides a 3652
geographical position during a designated time period allowing 3653
the movements of a user to be tracked. 3654

(B) "Electronic verification system" means an electronic 3655
system capable of recording and verifying data elements related 3656
to the delivery of health care services covered by the medicaid 3657
program. 3658

(C) "GPS-based verification" means real-time satellite 3659
location data that can be used to confirm the physical presence 3660
of a person or device in a specified location. 3661

(D) "Home and community-based services medicaid waiver 3662

component" has the same meaning as in section 5166.01 of the 3663
Revised Code. 3664

(E) "In-home care services" include all of the following: 3665

(1) Personal care services; 3666

(2) Home health services covered by the medicaid program 3667
as part of the home health services benefit pursuant to 42 3668
C.F.R. 440.70; 3669

(3) Services provided under a medicaid home and community- 3670
based services medicaid waiver component; 3671

(4) Any other medicaid services that are provided to a 3672
medicaid recipient in either a residential or community setting. 3673

(F) "Nonemergency medical transportation" means 3674
transportation for which immediate response is not needed for 3675
the provision of medical treatment and is provided to a medicaid 3676
recipient in accordance with 42 C.F.R. 431.53. 3677

(G) "Personal care services" has the same meaning as in 42 3678
C.F.R. 440.167. 3679

Sec. 5164.401. (A) The department of medicaid shall 3680
develop, procure, certify, or approve one or more systems for 3681
the electronic verification of nonemergency medical 3682
transportation services and in-home care services provided under 3683
the medicaid program to medicaid recipients. In developing, 3684
procuring, certifying, or approving a system under this section, 3685
the department may do any of the following: 3686

(1) Establish an internal electronic verification system; 3687

(2) Contract with one or more vendors to establish an 3688
electronic verification system; 3689

(3) Integrate with existing electronic verification 3690
systems utilized by the department. 3691

(B) A system or systems developed, procured, certified, or 3692
approved in accordance with this section shall do all of the 3693
following: 3694

(1) For claims submitted by a nonemergency medical 3695
transportation service provider: 3696

(a) Utilize a ride dispatch system that is similar to 3697
other private transportation services; 3698

(b) Utilize GPS-based verification to track a provider's 3699
arrival at a pickup location, initiation of a transport, arrival 3700
at a drop-off location, and completion of a transport; 3701

(c) Capture breadcrumb location data throughout the 3702
duration of a transport; 3703

(d) Record timestamps, route data, and total distance 3704
traveled during a transport; 3705

(e) Be capable of transmitting data directly to the 3706
department as a condition of payment. 3707

(2) For claims submitted by an in-home care services 3708
provider: 3709

(a) Require in-home care service providers to clock in and 3710
clock out when physically present at the location where services 3711
are being provided; 3712

(b) Utilize GPS-based verification to track when a 3713
provider clocks in and clocks out; 3714

(c) Capture breadcrumb location data throughout the 3715
duration of service delivery; 3716

(d) Record timestamps and the total duration of delivered 3717
services; 3718

(e) Be capable of transmitting data directly to the 3719
department for integration with other claims submissions. 3720

(3) In addition to the requirements described in divisions 3721
(B) (1) and (2) of this section, all services provided under the 3722
self-direction service model shall require a provider to clock 3723
in and clock out when physically present at the location where 3724
services are being provided. 3725

(C) (1) An electronic verification system developed, 3726
procured, certified, or approved in accordance with this section 3727
shall be used to ensure payment integrity within the medicaid 3728
program, compliance with state and federal requirements, and 3729
serve as a fraud prevention measure within the medicaid program. 3730
No data transmitted or stored by an electronic verification 3731
system shall be used to conduct unrelated surveillance of 3732
medicaid providers or for enforcement purposes unrelated to the 3733
medicaid program. 3734

(2) All data transmitted or stored by an electronic 3735
verification system shall be encrypted, be subject to role-based 3736
access controls and audit logs, and comply with all requirements 3737
under state and federal law regarding the protection of patient 3738
information. 3739

(D) The department shall integrate any electronic 3740
verification system developed, procured, certified, or approved 3741
under this section with the department's existing claims and 3742
encounters database and systems. If necessary, the department 3743
shall coordinate with medicaid managed care organizations and 3744
seek any necessary federal approval to facilitate coordination 3745

with electronic verification systems in the medicare program. 3746

(E) (1) Not later than six months after the effective date 3747
of this section, the department shall develop technical 3748
standards and a plan for implementing the requirement of this 3749
section and sections 5164.402 to 5164.407 of the Revised Code. 3750
The department shall submit a copy of the plan to the general 3751
assembly in accordance with section 101.68 of the Revised Code. 3752

(2) Not later than twelve months after the effective date 3753
of this section, the department shall establish a pilot program 3754
under which certain medicaid providers must utilize the 3755
electronic verification systems established under this section. 3756

(3) Beginning not later than eighteen months after the 3757
effective date of this section, the department shall require all 3758
nonemergency medical transportation service providers to utilize 3759
an electronic verification system established under division (B) 3760
(1) of this section. 3761

(4) Beginning not later than twenty-four months after the 3762
effective date of this section, the department shall require all 3763
in-home care service providers to utilize an electronic 3764
verification system established under division (B) (2) of this 3765
section. 3766

(F) In establishing and requiring utilization of 3767
electronic visit verification systems under this section, the 3768
department shall ensure that medicaid recipients are not denied 3769
medically necessary services solely on the basis of a provider's 3770
failure to utilize a required system. The department shall 3771
further ensure that any transition periods that are the result 3772
of implementing the requirements of this section do not impact 3773
the continuity of care for medicaid recipients. The department 3774

shall provide training and technical support to providers to 3775
ensure compliance with this section. 3776

Sec. 5164.402. (A) Upon full implementation of the 3777
electronic verification systems developed, procured, certified, 3778
or approved in accordance with section 5164.401 of the Revised 3779
Code, no nonemergency medical transportation service provider or 3780
in-home care service provider shall be eligible to receive 3781
medicaid payment for transportation or in-home care services 3782
provided to a medicaid recipient unless the provider submits all 3783
necessary data through an electronic verification system. The 3784
department of medicaid shall pay a claim for transportation or 3785
in-home care services submitted through an electronic 3786
verification system if all of the following conditions are 3787
satisfied: 3788

(1) All required GPS-based verification and timestamp data 3789
are present. 3790

(2) The breadcrumb location data utilized by an electronic 3791
verification system is consistent with the billed services. 3792

(3) No unresolved discrepancies about the claim exist. 3793

(B) The department shall establish a process by which a 3794
nonemergency medical transportation service provider may seek an 3795
exemption from utilizing an electronic verification system. The 3796
department may permit an exemption for any of the following 3797
reasons: 3798

(1) Equipment failure or network unavailability, including 3799
rural connectivity issues; 3800

(2) Emergencies; 3801

(3) Concerns for the safety of the medicaid recipient. 3802

(C) Before granting an exemption under division (B) of 3803
this section, the department shall require a nonemergency 3804
medical transportation service provider to submit written 3805
documentation detailing why an exemption should be granted. The 3806
department shall routinely monitor the number of exemptions 3807
requested by a provider. 3808

Sec. 5164.403. (A) Not later than five years after the 3809
effective date of this section, the department of medicaid shall 3810
develop and implement a system by which data received from a 3811
nonemergency medical transportation service provider through an 3812
electronic verification system developed, procured, certified, 3813
or approved under section 5164.401 of the Revised Code may be 3814
cross-referenced with claims for medicaid payment submitted to 3815
the department by other medicaid providers. The system 3816
established in accordance with this section shall be capable of 3817
verifying all of the following: 3818

(1) The medicaid recipient who received the nonemergency 3819
medical transportation services was transported for the purpose 3820
of receiving a medicaid service. 3821

(2) The medicaid recipient who received the nonemergency 3822
medical transportation services was transported to a medicaid 3823
provider with an active and valid provider agreement at the time 3824
of transport. 3825

(3) The records are received by the department within an 3826
allowable timeframe established under division (B) of this 3827
section and reflect an encounter, claim, or billing activity for 3828
a service described in division (A) (1) or (2) of this section. 3829

(B) The department shall establish an allowable timeframe 3830
under which claims for medicaid payment for transportation 3831

claims may be cross-referenced and matched against claims for 3832
other medicaid services. The allowable timeframe shall account 3833
for documented exceptions that create delays including provider 3834
cancellations, appointment rescheduling, emergency diversions, 3835
delayed billing, and administrative errors. 3836

Sec. 5164.404. (A) In addition to the electronic 3837
verification systems developed, procured, certified, or approved 3838
under section 5164.401 of the Revised Code, the department shall 3839
establish a verification system under which high risk in-home 3840
care service providers are required to verify data regarding the 3841
services provided to a medicaid recipient. 3842

(B) The department shall establish criteria under which an 3843
in-home care service provider is considered to be a high risk 3844
provider. The criteria shall at a minimum include all of the 3845
following: 3846

- (1) Repeated mismatches in check-in data; 3847
- (2) Data that indicates impossible travel times; 3848
- (3) Claims data that overlaps with a medicaid recipient's 3849
stay in a hospital; 3850
- (4) Unusual outliers in billing data; 3851
- (5) Other data indicators that demonstrate a high risk of 3852
fraud. 3853

(C) Each in-home care service provider classified by the 3854
department as a high risk provider shall utilize the 3855
verification system established under this section. As part of 3856
the verification system, the high risk provider shall be 3857
required to utilize fingerprint scanning, facial recognition, 3858
vocal recognition, a secure personal identification number, or 3859

other approved verification method as a condition of receiving 3860
payment for services provided under the medicaid program. 3861

(D) The department shall not sell or otherwise distribute 3862
any data transmitted or stored as part of a provider's use of 3863
the verification system established under this section. No such 3864
data shall be used for any purpose other than to verify medicaid 3865
payment claims submitted by a provider and reduce fraud within 3866
the medicaid program. 3867

Sec. 5164.405. (A) The department of medicaid shall 3868
develop and implement automated fraud-detection tools to assist 3869
with identifying fraud through the use of the electronic 3870
verification systems developed, procured, certified, or approved 3871
under section 5164.401 of the Revised Code and the high-risk 3872
provider verification system established under section 5164.404 3873
of the Revised Code. Any fraud-detection tools shall be capable 3874
of flagging irregular patterns of activity by medicaid providers 3875
that are required to utilize the electronic verification 3876
systems, including all of the following: 3877

(1) The seeking and approval of repeated exceptions under 3878
section 5164.402 of the Revised Code; 3879

(2) Anomalous and irregular route patterns taken by 3880
nonemergency medical transportation service providers; 3881

(3) Discrepancies between location data and submitted 3882
claims. 3883

(B) The department shall conduct periodic audits and 3884
investigations concerning data collected through use of the 3885
electronic verification systems under sections 5164.401 and 3886
5164.404 of the Revised Code and fraud-detection tools 3887
implemented under this section. The department may suspend a 3888

medicaid provider's provider agreement for failing to comply 3889
with an audit or investigation conducted under this section. 3890

(C) If an audit or investigation conducted in accordance 3891
with this section results in a credible allegation of fraud as 3892
defined in section 5164.36 of the Revised Code, the department 3893
shall handle the credible allegation in accordance with that 3894
section and refer the credible allegation to the attorney 3895
general for investigation. 3896

Sec. 5164.406. Annually, the department of medicaid shall 3897
submit a report to the general assembly detailing electronic 3898
verification systems developed, procured, certified, or approved 3899
under section 5164.401 of the Revised Code and the high-risk 3900
provider verification system under section 5164.404 of the 3901
Revised Code. The report shall be submitted to the general 3902
assembly in accordance with section 101.68 of the Revised Code 3903
and detail all of the following: 3904

(A) The verified number of service claims submitted 3905
through electronic verification systems; 3906

(B) The number of claims denied or recouped; 3907

(C) The number of cases of fraud referred to the medicaid 3908
fraud control unit as a result of electronic verification 3909
systems; 3910

(D) The number of provider sanctions issued as a result of 3911
electronic verification system data; 3912

(E) The total amount of cost savings to the medicaid 3913
program achieved as a result of electronic verification systems; 3914

(F) Any impacts to medicaid recipient access to medicaid 3915
services that result from the use of electronic verification 3916

systems; 3917

(G) Any additional information or data the department 3918
considers relevant concerning electronic verification systems. 3919

Sec. 5164.407. The department of medicaid shall adopt 3920
rules in accordance with Chapter 119. of the Revised Code to 3921
implement sections 5164.40 to 5164.407 of the Revised Code. The 3922
rules shall address all of the following: 3923

(A) Technical standards for electronic verification 3924
systems developed, procured, certified, or approved under 3925
section 5164.401 of the Revised Code including GPS intervals, 3926
breadcrumb location data parameters, and criteria for 3927
certification of electronic verification systems; 3928

(B) Procedures by which a provider may seek an exemption 3929
from electronic verification requirements under section 5164.402 3930
of the Revised Code; 3931

(C) Protocols by which the department will conduct audits 3932
and enforcement of electronic verification requirements under 3933
section 5164.405 of the Revised Code; 3934

(D) Regarding the high-risk provider verification system 3935
established under section 5164.404 of the Revised Code, 3936
encryption requirements for stored or transmitted data, time 3937
periods for which data must be retained, processes for data 3938
destruction, and penalties for the misuse of data transmitted or 3939
stored by the verification system; 3940

(E) Other standards and procedures as necessary to 3941
implement sections 5164.40 to 5164.407 of the Revised Code. 3942

Sec. 5164.41. (A) As used in this section, "home and 3943
community-based services medicaid waiver component" has the same 3944

meaning as in section 5166.01 of the Revised Code. 3945

(B) The department of medicaid shall establish oversight 3946
mechanisms concerning services provided by a family caregiver 3947
under a home and community-based services medicaid waiver 3948
component. Oversight may include any of the following: 3949

(1) Quarterly audits; 3950

(2) Enhanced check-in review; 3951

(3) Annual recertification as a medicaid provider; 3952

(4) Independent case manager verification; 3953

(5) Caps on hours of compensated care absent documented 3954
medical necessity; 3955

(6) Forensic review triggers; 3956

(7) Background check monitoring pursuant to section 3957
5164.341 of the Revised Code through the retained applicant 3958
fingerprint database established under section 109.5721 of the 3959
Revised Code. 3960

(C) The department may require a family caregiver who the 3961
department considers to be high risk or who has repeatedly 3962
violated the department's requirements concerning family 3963
caregivers to provide services through a waiver agency as 3964
defined in section 5164.342 of the Revised Code, rather than as 3965
an independent provider. 3966

Sec. 5164.42. (A) As used in this section, "electronic 3967
visit verification" has the same meaning as in section 1903(1) 3968
of the "Social Security Act," 42 U.S.C. 1903(1). 3969

(B) (1) The department of medicaid shall require each claim 3970
for a service that is subject to electronic visit verification 3971

requirements under state or federal law to be supported by a 3972
validated electronic visit verification record as a condition of 3973
payment. 3974

(2) The department shall establish standards and 3975
procedures for matching claims for medicaid payment to 3976
electronic visit verification records. The standards and 3977
procedures shall identify the data elements necessary to 3978
validate that the service billed was delivered to a medicaid 3979
recipient, including the type of service performed, the 3980
individual receiving the service, the date of service, the 3981
location of service delivery, the individual providing the 3982
service, and the time the service began and ended. 3983

(C) (1) The department may deny, suspend, defer, or recoup 3984
payment for a claim that is not supported by a validated 3985
electronic visit verification record. 3986

(2) Prior to taking an action described in division (C) (1) 3987
of this section, the department shall provide affected providers 3988
with notice, training, technical assistance, and compliance 3989
education regarding claim validation requirements established 3990
under this section. 3991

(D) The department may establish performance benchmarks or 3992
minimum compliance thresholds related to electronic visit 3993
verification utilization, matching accuracy, manual entry rates, 3994
modified visit rates, late visit entry rates, and unmatched 3995
claim rates. 3996

(E) The medicaid director shall adopt rules under section 3997
5164.02 of the Revised Code to implement this section. The rules 3998
shall establish all of the following: 3999

(1) Claim validation procedures; 4000

<u>(2) Standards for verified electronic visit verification</u>	4001
<u>records;</u>	4002
<u>(3) Good-cause exemptions;</u>	4003
<u>(4) Corrective action processes;</u>	4004
<u>(5) Procedures for technical assistance and provider</u>	4005
<u>remediation;</u>	4006
<u>(6) Phased implementation schedules by provider type or</u>	4007
<u>service category;</u>	4008
<u>(7) Standards for denying, suspending, deferring, or</u>	4009
<u>recouping payment for claims not supported by validated</u>	4010
<u>electronic visit verification records.</u>	4011
<u>(F) Nothing in this section prohibits the department, the</u>	4012
<u>auditor of state, the attorney general, or any other authorized</u>	4013
<u>state or federal entity from conducting a post-payment review,</u>	4014
<u>audit, investigation, enforcement action, or recovery action</u>	4015
<u>related to a claim subject to electronic visit verification</u>	4016
<u>requirements.</u>	4017
<u>Sec. 5164.43. (A) As used in this section:</u>	4018
<u>(1) "Employee" means any person who performs a service for</u>	4019
<u>wages or other remuneration for an employer.</u>	4020
<u>(2) "Employer" means any person who has one or more</u>	4021
<u>employees and includes an agent of an employer, the state or any</u>	4022
<u>agency or instrumentality of the state, and any political</u>	4023
<u>subdivision or any agency or instrumentality thereof.</u>	4024
<u>(B) No employer shall discharge, demote, reassign, or take</u>	4025
<u>any punitive action against an employee because the employee,</u>	4026
<u>based on a reasonable belief, submitted a good faith report that</u>	4027

an instance of fraud occurred in the medicaid program. 4028

(C) An employee alleging an employer has violated division 4029
(B) of this section may commence an action in any court of 4030
competent jurisdiction for reinstatement with back pay, if the 4031
action is based on discharge, or for equitable relief, together 4032
with reasonable attorney's fees. 4033

Sec. 5164.54. (A) Not later than the first day of February 4034
of each year, the medicaid director shall provide to the 4035
director of commerce a list of all medicaid providers who have 4036
had a medicaid provider agreement suspended or terminated due to 4037
fraudulent activity. 4038

(B) Not later than the first day of March of each year, 4039
the director of commerce shall provide to the medicaid director 4040
a list of any individual included in a request sent by the 4041
medicaid director pursuant to division (A) of this section who 4042
has unclaimed funds delivered or reported to the state under 4043
Chapter 169. of the Revised Code. 4044

(C) If the information the director of commerce provides 4045
identifies or results in identifying unclaimed funds held by the 4046
state for a medicaid provider described in division (A) of this 4047
section, the department of medicaid shall file a claim under 4048
section 169.08 of the Revised Code to recover the unclaimed 4049
funds. If the director of commerce allows the claim, the 4050
director of commerce shall pay the claim directly to the 4051
department of medicaid. The director of commerce shall not 4052
disallow a claim made by the department of medicaid because the 4053
department of medicaid is not the owner of the unclaimed funds 4054
according to the report made pursuant to section 169.03 of the 4055
Revised Code. The director of commerce shall not pay a claim 4056
amount that exceeds the amount of funds owed to the department 4057

of medicaid by a medicaid provider. The director of medicaid 4058
shall adjust any amount owed by a medicaid provider described in 4059
division (A) of this section if the director of commerce pays 4060
unclaimed funds to the director of medicaid otherwise owed to 4061
the provider. 4062

Sec. 5164.57. (A) (1) Except as provided in division (A) (2) 4063
and division (E) of this section, the department of medicaid may 4064
recover a medicaid payment or portion of a payment made to a 4065
medicaid provider to which the provider is not entitled if the 4066
department notifies the provider of the overpayment during the 4067
five-year period immediately following the end of the state 4068
fiscal year in which the overpayment was made. 4069

(2) In the case of a hospital medicaid provider, if the 4070
department determines as a result of a medicare or medicaid cost 4071
report settlement that the provider received an amount under the 4072
medicaid program to which the provider is not entitled, the 4073
department may recover the overpayment if the department 4074
notifies the provider of the overpayment during the later of the 4075
following: 4076

(a) The five-year period immediately following the end of 4077
the state fiscal year in which the overpayment was made; 4078

(b) The one-year period immediately following the date the 4079
department receives from the United States centers for medicare 4080
and medicaid services a completed, audited, medicare cost report 4081
for the provider that applies to the state fiscal year in which 4082
the overpayment was made. 4083

(B) Among the overpayments that may be recovered under 4084
this section are the following: 4085

(1) Payment for a medicaid service, or a day of service, 4086

not rendered; 4087

(2) Payment for a day of service at a full per diem rate 4088
that should have been paid at a percentage of the full per diem 4089
rate; 4090

(3) Payment for a medicaid service, or day of service, 4091
that was paid by, or partially paid by, a third party, as 4092
defined in section 5160.35 of the Revised Code, and the third 4093
party's payment or partial payment was not offset against the 4094
amount paid by the medicaid program to reduce or eliminate the 4095
amount that was paid by the medicaid program; 4096

(4) Payment when a medicaid recipient's responsibility for 4097
payment was understated and resulted in an overpayment to the 4098
provider. 4099

(C) The department may recover an overpayment under this 4100
section prior to or after any of the following: 4101

(1) Adjudication of a final fiscal audit that section 4102
5164.38 of the Revised Code requires to be conducted in 4103
accordance with Chapter 119. of the Revised Code; 4104

(2) Adjudication of a finding under any other provision of 4105
state statutes governing the medicaid program or the rules 4106
adopted under those statutes; 4107

(3) Expiration of the time to issue a final fiscal audit 4108
that section 5164.38 of the Revised Code requires to be 4109
conducted in accordance with Chapter 119. of the Revised Code; 4110

(4) Expiration of the time to issue a finding under any 4111
other provision of state statutes governing the medicaid program 4112
or the rules adopted under those statutes. 4113

(D) (1) Subject to division (D) (2) of this section, the 4114

recovery of an overpayment under this section does not preclude 4115
the department from subsequently doing the following: 4116

(a) Issuing a final fiscal audit in accordance with 4117
Chapter 119. of the Revised Code, as required under section 4118
5164.38 of the Revised Code; 4119

(b) Issuing a finding under any other provision of state 4120
statutes governing the medicaid program or the rules adopted 4121
under those statutes. 4122

(2) A final fiscal audit or finding issued subsequent to 4123
the recovery of an overpayment under this section shall be 4124
reduced by the amount of the prior recovery, as appropriate. 4125

(E) The department shall recover all overpayments to a 4126
provider when an audit determines and verifies an impossible 4127
claim submitted by the provider, such as when a provider has 4128
submitted a claim for providing in-home care services, as 4129
defined in section 5164.40 of the Revised Code, on a date when 4130
the recipient was in the hospital or when a provider has 4131
submitted claims for providing in-home services to recipients 4132
located at different addresses at the same time. 4133

(F) Nothing in this section limits the department's 4134
authority to recover overpayments pursuant to any other 4135
provision of the Revised Code. 4136

Section 2. That existing sections 109.71, 109.77, 117.10, 4137
117.103, 121.483, 2903.216, 2913.40, 2929.01, 2935.01, 3301.58, 4138
4113.52, 5104.03, 5104.12, 5104.22, 5104.32, 5164.32, 5164.33, 4139
5164.36, and 5164.57 of the Revised Code are hereby repealed. 4140

Section 3. Not later than thirty days after the effective 4141
date of this section, the Department of Medicaid shall submit a 4142
report to the General Assembly with a cost estimate to implement 4143

this act. The report shall include a comparison of state funds 4144
and expected matching federal funds necessary to develop, 4145
procure, certify, or approve electronic verification systems 4146
described in section 5164.401 of the Revised Code. The report 4147
shall also analyze expected cost savings for the Medicaid 4148
program that result from implementation of electronic 4149
verification systems. 4150

Section 4. This act shall be known as the Ohio Medicaid 4151
Program Integrity and Fraud Prevention Act. 4152

Section 5. Section 117.10 of the Revised Code is presented 4153
in this act as a composite of the section as amended by both 4154
H.B. 59 and S.B. 67 of the 130th General Assembly. The General 4155
Assembly, applying the principle stated in division (B) of 4156
section 1.52 of the Revised Code that amendments are to be 4157
harmonized if reasonably capable of simultaneous operation, 4158
finds that the composite is the resulting version of the section 4159
in effect prior to the effective date of the section as 4160
presented in this act. 4161