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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,

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 be amended and 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 be enacted to read as follows:

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

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

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

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

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

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

(A) "Peace officer" means:

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

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

(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 1702.80 of the Revised Code;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Revised Code;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(1) Under twenty-one years of age;

(2) One of the following:

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

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

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

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

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

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

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

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

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

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

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

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

(e) A state university law enforcement officer;

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

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

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

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

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

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

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

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

authority;

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

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

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

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

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

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

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

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

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

or as an employee of a park district under section 511.232 or 1545.13 of the Revised Code, to any person serving on a permanent basis on March 6, 1986, as an employee of a conservancy district designated pursuant to section 6101.75 of the Revised Code, to any person serving on a permanent basis on January 10, 1991, as a preserve officer of the department of natural resources, to any person employed on a permanent basis on July 2, 1992, as a special police officer by the department of ~~mental health and addiction services~~ behavioral health pursuant to section 5119.08 of the Revised Code or by the department of developmental disabilities pursuant to section 5123.13 of the Revised Code, to any person serving on a permanent basis on May 17, 2000, as a special police officer employed by a port authority under section 4582.04 or 4582.28 of the Revised Code, to any person serving on a permanent basis on March 19, 2003, as a special police officer employed by a municipal corporation at a municipal airport or other municipal air navigation facility described in division (A)(19) of section 109.71 of the Revised Code, to any person serving on a permanent basis on June 19, 1978, as a state university law enforcement officer pursuant to section 3345.04 of the Revised Code and who, immediately prior to June 19, 1978, was serving as a special police officer designated under authority of that section, or to any person serving on a permanent basis on September 20, 1984, as a liquor control investigator, known after June 30, 1999, as an enforcement agent of the department of public safety, engaged in the enforcement of Chapters 4301. and 4303. of the Revised Code.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

January 1, 1997;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Chapter 169. of the Revised Code.

(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.

(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.

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.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Revised Code.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(iv) Investigating claims related to workers' compensation.

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

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

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

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

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

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

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

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

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

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

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

(b) Validating a claim for medicaid payment;

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

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

(1) The court or the department of rehabilitation and

correction imposes electronic monitoring on a person.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Sec. 2929.01. As used in this chapter:

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

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

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

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

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

term of confinement, as defined by that section.

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

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

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

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

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

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

(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 technical college or vocational study and also includes the completion of primary school, secondary school, and literacy curricula or their equivalent.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(a) A stated prison term;

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

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

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

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

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

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

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

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

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

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

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

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 the age of the child or whether the offender knows the offense is being committed within thirty feet of or within the same residential unit as the child and regardless of whether the child actually views the commission of the offense.

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

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

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

(PP) "Third 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 third degree.

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

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

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

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

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

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

(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 continuously the person to whom an electronic monitoring device of the type described in division (UU)(1)(a) of this section is attached.

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

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

(b) The device includes a transmitter and receiver that can determine at any time, or at a designated point in time, through the use of a central monitoring computer or other electronic means the fact that the transmitter is turned off or altered in any manner without prior approval of the court in relation to the 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.

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

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

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

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

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

(YY) A person is "adjudicated a sexually violent predator" if the person is convicted of or pleads guilty to a violent sex offense and also is convicted of or pleads guilty to a sexually violent predator specification that was included in the indictment, count in the indictment, or information charging that violent sex offense or if the person is convicted of or pleads guilty to a designated homicide, assault, or kidnapping offense and also is convicted of or pleads guilty to both a sexual motivation specification and a sexually violent predator specification that were included in the indictment, count in the indictment, or information charging that designated homicide, assault, or kidnapping offense.

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

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

all of the following apply:

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

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

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

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

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

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

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

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

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

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

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

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

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

Sec. 2935.01. As used in this chapter:

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

(B) "Peace officer" includes, except as provided in section 2935.081 of the Revised Code, a sheriff; deputy sheriff; marshal; deputy marshal; member of the organized police department of any municipal corporation, including a member of the organized police department of a municipal corporation in an adjoining state serving in Ohio under a contract pursuant to section 737.04 of the Revised Code; member of a police force employed by a metropolitan housing authority under division (D) of section 3735.31 of the Revised Code; member of a police force employed by a regional transit authority under division (Y) of section 306.35 of the Revised Code; state university law enforcement officer appointed under section 3345.04 of the Revised Code; enforcement agent of the department of public safety designated under section 5502.14 of the Revised Code; employee of the department of taxation to whom investigation powers have been delegated under section 5743.45 of the Revised Code; employee of the department of natural resources who is a natural resources law enforcement staff officer designated pursuant to section 1501.013 of the Revised Code, a forest-fire investigator appointed pursuant to section 1503.09 of the Revised Code, a natural resources officer appointed pursuant to section 1501.24 of the Revised Code, or a wildlife officer designated pursuant to section 1531.13 of the Revised Code; individual designated to perform law enforcement duties under section 511.232, 1545.13, or 6101.75 of the Revised Code; veterans' home police officer appointed under section 5907.02 of the Revised Code; special police officer employed by a port authority under section 4582.04 or 4582.28 of the Revised Code; police constable of any township; police officer of a township

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

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

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

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

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

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

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

(B) Any school district board of education, county board of developmental disabilities, community school, or eligible nonpublic school that desires to operate, establish, manage, conduct, or maintain a preschool program shall apply to the department of children and youth for a license on a form that the department shall prescribe by rule. Any 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 desires to obtain a license for a school child program shall apply to the department for a license on a form that the department shall prescribe by rule. The department shall provide at no charge to each applicant for a license under this section a copy of the requirements under sections 3301.52 to 3301.59 of the Revised Code and any rules adopted under those sections. The department may establish application fees by rule adopted under Chapter

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

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

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

(E) The department of children and youth annually shall

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.

Sec. 3901.93. (A) As used in this section:

(1) "Department" has the same meaning as in section 121.01 of the Revised Code.

(2) "Health plan issuer" has the same meaning as in section 3922.01 of the Revised Code.

(3) "Medicaid managed care organization" has the same meaning as in section 5167.01 of the Revised Code.

(4) "Payer" includes a health plan issuer, a medicaid managed care organization, the medicaid program, and the medicare program.

(B)(1) Not later than one year after the effective date of this section, the superintendent of insurance shall establish and administer an all-payer claims database.

(2) To the extent permitted by federal law and except as otherwise provided in this division, each payer shall submit its claims to the superintendent for inclusion in the database. Such claims shall be submitted in the format and according to the schedule prescribed by the superintendent in rule.

In the case of a payer that is a health plan issuer, the requirement to submit claims begins January 1, 2028.

(3) The superintendent shall include in the database each claim the superintendent receives.

(4) The superintendent shall make claims information included in the database available to a person or government entity only upon a subscription with the department of insurance, except that the superintendent shall provide access free of charge and without a subscription to the general assembly and each department.

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

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

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

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

(4) Imposing penalties when claims are not submitted.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(1) Removing or suspending the person from employment;

(2) Withholding from the person salary increases or employee benefits to which the person is otherwise entitled;

(3) Transferring or reassigning the person;

(4) Denying the person a promotion that otherwise would have been received;

(5) Reducing the person in pay or position.

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

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

(G) As used in this section:

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

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

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

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

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

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

(3) "Misappropriation of public money" means knowingly

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

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

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

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

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

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

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

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

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

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

(C) If the information the director of commerce provides identifies or results in identifying unclaimed funds held by the state for a licensed provider described in division (A) of this section, the department of job and family services 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 of commerce shall pay the claim directly to the department of job and family services. The director of commerce shall not disallow a claim made by the department of job and family services because the department of job and family services 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 to the department of job and family services by a licensed provider. The director of job and family services shall adjust any amount owed by a licensed provider described in division (A) of this section if the director of commerce pays unclaimed funds to the director of job and family services otherwise owed to the provider.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

If the director denies an application for a license, the

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

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

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

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

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

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

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

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

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

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

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

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

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

the previous five years;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

period is longer.

(C) If the department terminates an approved child day camp'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 terminate the child day camp's approval and the camp is forever ineligible for approval.

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

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

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

of the Revised Code;

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

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

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

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

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

(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 adopted under it;

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

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

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

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

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

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

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

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

(1) Provider utilization rates;

(2) Provider compliance rates;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(1) Statewide utilization rates of electronic visit verification;

(2) Rates of successful matching between EVV records and submitted claims for medicaid payment;

(3) Provider compliance trends;

(4) The percentage of claims that are supported by verified EVV documentation;

(5) Aggregate statistics regarding manually adjusted EVV entries;

(6) Any other metrics the department determines appropriate for monitoring compliance, fraud prevention, and program integrity.

(C) The department shall make aggregate statewide data available to the public on the department's internet web site.

(D) The department shall use information collected and maintained under this section to identify providers that may require technical assistance, additional training, corrective action, or program integrity review. The department may provide provider-specific compliance information through a secure provider portal or dashboard.

(E) The medicaid director may adopt rules under section 5162.02 of the Revised Code to implement this section.

Sec. 5162.18. The department of medicaid shall contract with a vendor to establish a risk matrix. The matrix shall be used to connect individuals with national provider identifier records associated with providers. The matrix shall include identity proofing, financial distress among providers, and information concerning a provider's ties to a foreign organization.

Sec. 5162.19. (A) Prior to the issuance of any payment on

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

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

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

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

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

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

(A) "Affiliated person" means:

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

a risk contractor;

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

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

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

(c) A risk contractor's key employee;

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

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

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

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

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

service provided to an enrollee.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(v) Was not medically necessary;

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

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

covered service;

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

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

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

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

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

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

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

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

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

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

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

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

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

(c) The independent auditor issues a complete audit report

with a qualified or unqualified opinion.

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

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

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

(14) A payment made as follows:

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

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

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

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

(b) The federal centers for medicare and medicaid services

national plan and provider enumeration system exclusion list;

(c) The United States social security administration death master file;

(d) Exclusions or disqualifications from the United States general services administration's system for award management;

(e) Any other database described in an agreement between the department and a managed care organization to provide goods and services under the medicaid program or in federal or state law or regulations.

(J) "Key employee" means an employee with authority over clinical operations, medical management, compliance, reporting, program integrity, contracting, network management, claims processing, utilization review, financial management, medicaid provider relations, government relations, or any other function material to the administration of a medicaid risk contract.

(K) "Managing employee" means an individual who exercises operational or managerial control over the employing entity's functions, activities, or units or directly or indirectly conducts the employing entity's day-to-day operations, functions, activities, or units.

(L) "National drug code identifier" has the same meaning as in 21 C.F.R. part 207.

(M) "Ownership interest" means possession of, in an entity, any of the following:

(1) Legal or beneficial ownership;

(2) Capital interest;

(3) Profit interest;

(4) Controlling interest;

(5) Any combination of the interests described in divisions (M)(1) to (4) of this section;

(6) Indirect interest through another entity that has an interest described in divisions (M)(1) to (4) of this section in the entity;

(7) The right to acquire an interest described in divisions (M)(1) to (4) of this section in the entity upon conversion, exercise, or exchange of a convertible security, option, warrant, or similar instrument.

(N) "Parent organization" means an entity that, directly or indirectly, has a majority or greater ownership interest in and control of another entity.

(O) "Pass through payment" has the same meaning as in 42 C.F.R. 438.6.

(P) "Protected health information" has the same meaning as in 45 C.F.R. 160.103.

(Q) "Related party" means any of the following:

(1) A risk contractor's parent organization;

(2) The subordinate holding company, subsidiary, agent, instrumentality, partnership, joint venture, affiliated person, or subordinate business unit of a risk contractor, a risk contractor's parent organization, a subcontractor, a risk contractor's agent, or a medicaid provider that is an entity described in divisions (Q)(1) to (7) of this section;

(3) An entity that controls, is controlled by, or is in common control with a risk contractor, a risk contractor's

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

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

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

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

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

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

(1) A managed care organization;

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

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

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

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

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

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

(1) Medicaid provider reimbursement;

(2) Multi-payer reform;

(3) Medicaid-specific delivery system reform;

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

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

(1) A pharmacy benefit manager;

(2) A behavioral health organization;

(3) A dental benefit administrator;

(4) A transportation broker;

(5) A utilization management organization;

(6) An entity that performs financial management services, claims processing, decision support and analytics, care management, medical policy and utilization review services, quality improvement activities, provider network management, member services, information systems and technology services, marketing, staffing services, or government relations.

(U) "Value-add benefits" means benefits offered by a managed care organization in addition to standard coverage offered through the medicaid program.

(V) "Value-based purchasing model" means a model for medicaid provider reimbursement that recognizes value or outcomes over volume of services, including pay for performance or bundled payments.

Sec. 5162.86. (A)(1) The department of medicaid shall establish and maintain a database to collect, process, store, and report on covered services provided to all enrollees in medicaid MCO plans, which shall be known as the medicaid encounter data system.

(2) For each medicaid MCO plan, a medicaid managed care organization shall quarterly submit all of the following to the department, in a format that complies with HIPAA and any rules adopted by the medicaid director under this section:

(a) Total number of services rendered, by billing code and medicaid provider;

(b) Total spending on medical claims, non-claims expenditures, and non-benefit services;

(c) Total spending on pass through payments and state directed payments by medicaid provider;

(d) Total spending, including funds from state and federal sources:

(i) By billing code;

(ii) By medicaid provider, including public and private medicaid providers;

(iii) On mandatory medicaid benefits;

(iv) On optional medicaid benefits, including value-add benefits.

(e) Total number and share of enrollees receiving care in an emergency room;

(f) Total claims and spending on services delivered in an emergency room;

(g) Total spending on services delivered by a subcontractor, provider, or medicaid managed care organization's related party, by service type;

(h) Total spending on prescription drugs for each national drug code identifier;

(i) Total number and share of enrollees who did not file any claims.

(B)(1) A medicaid managed care organization shall submit

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

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

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

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

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

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

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

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

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

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

(b) Medical loss ratio audited reports;

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

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

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

tend to identify any particular individual.

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

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

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

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

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

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

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

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

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

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

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

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

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

(1) Be independent;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(3) An adverse opinion.

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

(1) Identify and document all improper payments;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(1) The actuarial work is void.

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

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

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

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

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

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

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

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

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

(e) Optometrists licensed under Chapter 4725. of the

Revised Code;

(f) Pharmacists licensed under Chapter 4729. of the Revised Code;

(g) Chiropractors licensed under Chapter 4734. of the Revised Code;

(h) Acupuncturists licensed under Chapter 4762. of the Revised Code;

(i) Clinical nurse specialists, certified nurse-midwives, or certified nurse practitioners licensed under Chapter 4723. of the Revised Code;

(j) Licensed independent social workers, licensed independent marriage and family therapists, or licensed professional clinical counselors licensed under Chapter 4757. of the Revised Code;

(k) Licensed independent chemical dependency counselors licensed under Chapter 4758. of the Revised Code;

(l) Certified Ohio behavior analysts licensed under Chapter 4783. of the Revised Code;

(m) Audiologists and speech-language pathologists licensed under Chapter 4753. of the Revised Code;

(n) Occupational therapists and physical therapists licensed under Chapter 4755. of the Revised Code;

(o) Dietitians licensed under Chapter 4759. of the Revised Code.

(2) Providers described in division (B)(1) of this section shall provide the department or department's credentialing designee with all of the following about the provider in

accordance with this section:

(a) Access to the standard provider credentialing application form used by the council for affordable quality healthcare in accordance with section 3963.05 of the Revised Code within one hundred eighty days prior to credentialing date;

(b) Active provider licensing information;

(c) Board certification, if applicable;

(d) Educational background;

(e) Clinical privileges, if applicable;

(f) Medical malpractice insurance;

(g) Drug enforcement administration certification, if applicable;

(h) National practitioner data bank information regarding malpractice and clinical privilege actions;

(i) Sanctions or limitations on licensure;

(j) Eligibility for participation in medicare and medicaid, if applicable.

(C)(1) Each of the following facilities shall provide the department or the department's credentialing designee with the information described in division (C)(2) of this section as required by this section:

(a) Nursing facilities as defined in Chapter 5165. of the Revised Code;

(b) Hospitals as defined in Chapter 3727. of the Revised Code;

(c) Hospice care programs licensed under Chapter 3712. of

the Revised Code;

(d) Home health agencies licensed by the department of health under Chapter 3740. of the Revised Code;

(e) Ambulatory surgical facilities as defined in section 3702.30 of the Revised Code;

(f) Community mental health services providers and community addiction services providers as defined in Chapter 5119. of the Revised Code;

(g) Freestanding dialysis centers and freestanding radiation therapy centers licensed by the department of health under Chapter 3702. of the Revised Code;

(h) Residential facilities as defined in Chapter 5119. of the Revised Code.

(2) Facilities described in division (C)(1) of this section shall provide the department or department's credentialing designee with all of the following about the facility in accordance with this section:

(a) The standardized credentialing form part B maintained by the department of insurance;

(b) Active provider licensing information;

(c) Certification through an accrediting body or a site visit completed by a state designated agency;

(d) Eligibility for participation in medicare and medicaid, if applicable;

(e) Verification of good standing with applicable state and federal bodies;

(f) Active malpractice insurance.

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

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

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

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

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

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

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

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

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

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

if any, the department enters into with the provider.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(i) The medicaid provider;

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

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

(i) The medicaid provider;

(ii) The medicaid provider's officer, authorized agent, associate, manager, or employee;

(iii) If the medicaid provider is a noninstitutional provider, its owner.

(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.

(3) 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:

(a) Suspend medicaid payments to the provider in whole, in part, or as applied to targeted payments;

(b) Require pre-payment review of the provider's claims.

(4) The suspension of a provider agreement or medicaid payments shall continue in effect until the latest of the following occurs:

(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;

(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

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

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

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

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

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

(i) The medicaid provider;

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

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

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

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

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

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

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

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

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

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

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

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

demonstration.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

validity of an indictment in a related criminal case.

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

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

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

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

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

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

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

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

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

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

(1) Personal care services;

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

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

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

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

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

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

(1) Establish an internal electronic verification system;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

with electronic verification systems in the medicare program.

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

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

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

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

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

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

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

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

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

(3) No unresolved discrepancies about the claim exist.

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

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

(2) Emergencies;

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

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

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

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

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

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

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

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

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

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

(1) Repeated mismatches in check-in data;

(2) Data that indicates impossible travel times;

(3) Claims data that overlaps with a medicaid recipient's stay in a hospital;

(4) Unusual outliers in billing data;

(5) Other data indicators that demonstrate a high risk of fraud.

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

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

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

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

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

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

(3) Discrepancies between location data and submitted claims.

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

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

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

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

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

(B) The number of claims denied or recouped;

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

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

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

(F) Any impacts to medicaid recipient access to medicaid services that result from the use of electronic verification

systems;

(G) Any additional information or data the department considers relevant concerning electronic verification systems.

Sec. 5164.407. The department of medicaid shall adopt rules in accordance with Chapter 119. of the Revised Code to implement sections 5164.40 to 5164.407 of the Revised Code. The rules shall address all of the following:

(A) Technical standards for electronic verification systems developed, procured, certified, or approved under section 5164.401 of the Revised Code including GPS intervals, breadcrumb location data parameters, and criteria for certification of electronic verification systems;

(B) Procedures by which a provider may seek an exemption from electronic verification requirements under section 5164.402 of the Revised Code;

(C) Protocols by which the department will conduct audits and enforcement of electronic verification requirements under section 5164.405 of the Revised Code;

(D) Regarding the high-risk provider verification system established under section 5164.404 of the Revised Code, encryption requirements for stored or transmitted data, time periods for which data must be retained, processes for data destruction, and penalties for the misuse of data transmitted or stored by the verification system;

(E) Other standards and procedures as necessary to implement sections 5164.40 to 5164.407 of the Revised Code.

Sec. 5164.41. (A) As used in this section, "home and community-based services medicaid waiver component" has the same

meaning as in section 5166.01 of the Revised Code.

(B) The department of medicaid shall establish oversight mechanisms concerning services provided by a family caregiver under a home and community-based services medicaid waiver component. Oversight may include any of the following:

(1) Quarterly audits;

(2) Enhanced check-in review;

(3) Annual recertification as a medicaid provider;

(4) Independent case manager verification;

(5) Caps on hours of compensated care absent documented medical necessity;

(6) Forensic review triggers;

(7) Background check monitoring pursuant to section 5164.341 of the Revised Code through the retained applicant fingerprint database established under section 109.5721 of the Revised Code.

(C) The department may require a family caregiver who the department considers to be high risk or who has repeatedly violated the department's requirements concerning family caregivers to provide services through a waiver agency as defined in section 5164.342 of the Revised Code, rather than as an independent provider.

Sec. 5164.42. (A) As used in this section, "electronic visit verification" has the same meaning as in section 1903(l) of the "Social Security Act," 42 U.S.C. 1903(l).

(B)(1) The department of medicaid shall require each claim for a service that is subject to electronic visit verification

requirements under state or federal law to be supported by a validated electronic visit verification record as a condition of payment.

(2) The department shall establish standards and procedures for matching claims for medicaid payment to electronic visit verification records. The standards and procedures shall identify the data elements necessary to validate that the service billed was delivered to a medicaid recipient, including the type of service performed, the individual receiving the service, the date of service, the location of service delivery, the individual providing the service, and the time the service began and ended.

(C)(1) The department may deny, suspend, defer, or recoup payment for a claim that is not supported by a validated electronic visit verification record.

(2) Prior to taking an action described in division (C)(1) of this section, the department shall provide affected providers with notice, training, technical assistance, and compliance education regarding claim validation requirements established under this section.

(D) The department may establish performance benchmarks or minimum compliance thresholds related to electronic visit verification utilization, matching accuracy, manual entry rates, modified visit rates, late visit entry rates, and unmatched claim rates.

(E) The medicaid director shall adopt rules under section 5164.02 of the Revised Code to implement this section. The rules shall establish all of the following:

(1) Claim validation procedures;

(2) Standards for verified electronic visit verification records;

(3) Good-cause exemptions;

(4) Corrective action processes;

(5) Procedures for technical assistance and provider remediation;

(6) Phased implementation schedules by provider type or service category;

(7) Standards for denying, suspending, deferring, or recouping payment for claims not supported by validated electronic visit verification records.

(F) Nothing in this section prohibits the department, the auditor of state, the attorney general, or any other authorized state or federal entity from conducting a post-payment review, audit, investigation, enforcement action, or recovery action related to a claim subject to electronic visit verification requirements.

Sec. 5164.43. (A) As used in this section:

(1) "Employee" means any person who performs a service for wages or other remuneration for an employer.

(2) "Employer" means any person who has one or more employees and includes an agent of an employer, the state or any agency or instrumentality of the state, and any political subdivision or any agency or instrumentality thereof.

(B) No employer shall discharge, demote, reassign, or take any punitive action against an employee because the employee, based on a reasonable belief, submitted a good faith report that

an instance of fraud occurred in the medicaid program.

(C) An employee alleging an employer has violated division (B) of this section may commence an action in any court of competent jurisdiction for reinstatement with back pay, if the action is based on discharge, or for equitable relief, together with reasonable attorney's fees.

Sec. 5164.54. (A) Not later than the first day of February of each year, the medicaid director shall provide to the director of commerce a list of all medicaid providers who have had a medicaid provider agreement suspended or terminated due to fraudulent activity.

(B) Not later than the first day of March of each year, the director of commerce shall provide to the medicaid director a list of any individual included in a request sent by the medicaid director pursuant to division (A) of this section who has unclaimed funds delivered or reported to the state under Chapter 169. of the Revised Code.

(C) If the information the director of commerce provides identifies or results in identifying unclaimed funds held by the state for a medicaid provider described in division (A) of this section, the department of medicaid 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 of commerce shall pay the claim directly to the department of medicaid. The director of commerce shall not disallow a claim made by the department of medicaid because the department of medicaid 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 to the department

of medicaid by a medicaid provider. The director of medicaid shall adjust any amount owed by a medicaid provider described in division (A) of this section if the director of commerce pays unclaimed funds to the director of medicaid otherwise owed to the provider.

Sec. 5164.57. (A)(1) Except as provided in division (A)(2) and division (E) of this section, the department of medicaid may recover a medicaid payment or portion of a payment made to a medicaid provider to which the provider is not entitled if the department notifies the provider of the overpayment during the five-year period immediately following the end of the state fiscal year in which the overpayment was made.

(2) In the case of a hospital medicaid provider, if the department determines as a result of a medicare or medicaid cost report settlement that the provider received an amount under the medicaid program to which the provider is not entitled, the department may recover the overpayment if the department notifies the provider of the overpayment during the later of the following:

(a) The five-year period immediately following the end of the state fiscal year in which the overpayment was made;

(b) The one-year period immediately following the date the department receives from the United States centers for medicare and medicaid services a completed, audited, medicare cost report for the provider that applies to the state fiscal year in which the overpayment was made.

(B) Among the overpayments that may be recovered under this section are the following:

(1) Payment for a medicaid service, or a day of service,

not rendered;

(2) Payment for a day of service at a full per diem rate that should have been paid at a percentage of the full per diem rate;

(3) Payment for a medicaid service, or day of service, that was paid by, or partially paid by, a third party, as defined in section 5160.35 of the Revised Code, and the third party's payment or partial payment was not offset against the amount paid by the medicaid program to reduce or eliminate the amount that was paid by the medicaid program;

(4) Payment when a medicaid recipient's responsibility for payment was understated and resulted in an overpayment to the provider.

(C) The department may recover an overpayment under this section prior to or after any of the following:

(1) Adjudication of a final fiscal audit that section 5164.38 of the Revised Code requires to be conducted in accordance with Chapter 119. of the Revised Code;

(2) Adjudication of a finding under any other provision of state statutes governing the medicaid program or the rules adopted under those statutes;

(3) Expiration of the time to issue a final fiscal audit that section 5164.38 of the Revised Code requires to be conducted in accordance with Chapter 119. of the Revised Code;

(4) Expiration of the time to issue a finding under any other provision of state statutes governing the medicaid program or the rules adopted under those statutes.

(D)(1) Subject to division (D)(2) of this section, the

recovery of an overpayment under this section does not preclude the department from subsequently doing the following:

(a) Issuing a final fiscal audit in accordance with Chapter 119. of the Revised Code, as required under section 5164.38 of the Revised Code;

(b) Issuing a finding under any other provision of state statutes governing the medicaid program or the rules adopted under those statutes.

(2) A final fiscal audit or finding issued subsequent to the recovery of an overpayment under this section shall be reduced by the amount of the prior recovery, as appropriate.

(E) The department shall recover all overpayments to a provider when an audit determines and verifies an impossible claim submitted by the provider, such as when a provider has submitted a claim for providing in-home care services, as defined in section 5164.40 of the Revised Code, on a date when the recipient was in the hospital or when a provider has submitted claims for providing in-home services to recipients located at different addresses at the same time.

(F) Nothing in this section limits the department's authority to recover overpayments pursuant to any other provision of the Revised Code.

Section 2. That existing 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 of the Revised Code are hereby repealed.

Section 3. Not later than thirty days after the effective date of this section, the Department of Medicaid shall submit a report to the General Assembly with a cost estimate to implement

this act. The report shall include a comparison of state funds and expected matching federal funds necessary to develop, procure, certify, or approve electronic verification systems described in section 5164.401 of the Revised Code. The report shall also analyze expected cost savings for the Medicaid program that result from implementation of electronic verification systems.

Section 4. This act shall be known as the Ohio Medicaid Program Integrity and Fraud Prevention Act.

Section 5. Section 117.10 of the Revised Code is presented in this act as a composite of the section as amended by both H.B. 59 and S.B. 67 of the 130th General Assembly. The General Assembly, applying the principle stated in division (B) of section 1.52 of the Revised Code that amendments are to be harmonized if reasonably capable of simultaneous operation, finds that the composite is the resulting version of the section in effect prior to the effective date of the section as presented in this act.