

of division (C)(6) of section 3793.11 of the Revised Code, as amended by this act, shall be applied by the Department of Alcohol and Drug Addiction Services in determining whether to issue the license. The Department may waive the requirement pursuant to division (D) of section 3793.11 of the Revised Code, as amended by this act.

SECTION 10. (A) Notwithstanding the provisions of section 4723.482 of the Revised Code specifying that the course of study in advanced pharmacology and related topics that must be completed as a condition of eligibility to receive a certificate to prescribe from the Board of Nursing is to consist of planned classroom and clinical instruction, the Board may accept instruction completed in another form, including instruction obtained through an internet-based program, as fulfillment of all or part of the requirement of division (B)(5)(d) of that section to complete instruction specific to schedule II controlled substances. To be accepted by the Board, the instruction obtained in another form shall meet all other standards established in rules adopted under section 4723.50 of the Revised Code regarding the required instruction specific to schedule II controlled substances.

(B) Division (A) of this section applies only in the case of an applicant who completed the required course of study prior to the effective date of this section and does not alter the requirement of division (B)(1) of section 4723.482 of the Revised Code that the course of study be completed not longer than three years before an application for a certificate to prescribe is filed.

SECTION 11. (A) As used in this section, "intermediate care facility for individuals with intellectual disabilities" and "ICF/IID" mean an intermediate care facility for the mentally retarded as defined in the "Social Security Act," section 1905(d), 42 U.S.C. 1396d(d).

(B) The Department of Developmental Disabilities may conduct or contract with another entity to conduct, for the first quarter of calendar year 2013, assessments of all residents of each ICF/IID, regardless of payment source, who are in the ICF/IID, or on hospital or therapeutic leave from the ICF/IID, on the day or days that the assessments are conducted at the ICF/IID.

(C) If assessments are conducted under division (B) of this section, the

Department shall do all of the following:

(1) In conducting the assessments, provide for both of the following:

(a) The resident assessment instrument prescribed in rules authorized by division (B) of section 5111.232 of the Revised Code to be used in accordance with an inter-rater reliable process;

(b) The assessments to be performed by individuals who meet the requirements to be qualified intellectual disability professionals, as specified in 42 C.F.R. 483.430(a).

(2) Use the data obtained from the assessments to determine each ICF/IID's case-mix score for the first quarter of calendar year 2013;

(3) For the purpose of determining each ICF/IID's fiscal year 2014 Medicaid rates for direct care costs and subject to divisions (C)(8) and (E) of this section, do both of the following:

(a) In determining costs per case-mix units and maximum costs per case-mix units for the purpose of division (B) of section 5111.23 of the Revised Code, use each ICF/IID's case-mix score determined under division (C)(2) of this section in place of the ICF/IID's average case-mix score for calendar year 2012;

(b) Instead of determining quarterly Medicaid rates for the direct care costs of each ICF/IID pursuant to division (D) of section 5111.23 of the Revised Code, determine, as follows, one Medicaid rate for the direct care costs of each ICF/IID to be paid for all of fiscal year 2014:

(i) Multiply the ICF/IID's case-mix score determined under division (C)(2) of this section by the lesser of the cost per case-mix unit determined for the ICF/IID pursuant to division (C)(3)(a) of this section or the maximum cost per case-mix unit determined for the ICF/IID's peer group pursuant to division (C)(3)(a) of this section;

(ii) Adjust the product determined under division (C)(3)(b)(i) of this section by the inflation rate estimated in accordance with division (B)(3) of section 5111.23 of the Revised Code.

(4) For the purpose of determining each ICF/IID's fiscal year 2015 Medicaid rates for direct care costs and subject to division (C)(8) of this section, use the following when determining, pursuant to the second paragraph of division (C) of section 5111.232 of the Revised Code, each ICF/IID's annual average case-mix score for calendar year 2013:

(a) For the first quarter of calendar year 2013, the ICF/IID's case-mix score determined under division (C)(2) of this section;

(b) For the last three quarters of calendar year 2013 and except as provided in division (D) of section 5111.232 of the Revised Code, the ICF/IID's case-mix scores determined by using the data the ICF/IID

provider compiles in accordance with the first paragraph of division (C) of section 5111.232 of the Revised Code.

(5) Notify each ICF/IID provider that the provider is permitted but not required to compile assessment data for the first quarter of calendar year 2013 pursuant to the first paragraph of division (C) of section 5111.232 of the Revised Code;

(6) After the assessments of all of an ICF/IID's residents are completed but not later than April 30, 2013, provide, or have the entity (if any) with which the Department contracts pursuant to division (B) of this section provide, the results of the assessments to the ICF/IID provider;

(7) Conduct, in accordance with division (C)(8) of this section, a reconsideration for any ICF/IID provider who does both of the following:

(a) Submits a written request for the reconsideration to the Department not later than fifteen days after the provider receives the assessments' results pursuant to division (C)(6) of this section;

(b) Includes in the request all of the following:

(i) A detailed explanation of the items in the assessments' results that the provider disputes;

(ii) Copies of relevant supporting documentation from specific resident records;

(iii) The provider's proposed resolution of the disputes.

(8) When conducting a reconsideration required by division (C)(7) of this section, do both of the following:

(a) Consider all of the following:

(i) The historic results of the resident assessments performed pursuant to the first paragraph of division (C) of section 5111.232 of the Revised Code by the ICF/IID provider who requested the reconsideration;

(ii) All of the materials the provider includes in the reconsideration request;

(iii) All other matters the Department determines necessary for consideration.

(b) Issue a written decision regarding the reconsideration not later than the sooner of the following:

(i) Thirty days after the Department receives the reconsideration request;

(ii) June 1, 2013.

(D) The Department's decision regarding a reconsideration required by division (C)(7) of this section is final and not subject to further appeal.

(E) Regardless of what an ICF/IID's case-mix score is determined to be under division (C)(2) of this section or pursuant to a reconsideration

required by division (C)(7) of this section, no such case-mix score shall cause an ICF/IID's fiscal year 2014 Medicaid rate for direct care costs to be less than ninety per cent of its June 30, 2013, Medicaid rate for direct care costs.

(F) No ICF/IID provider shall be treated as having failed, for the first quarter of calendar year 2013, to timely submit data necessary to determine the ICF/IID's case-mix score for that quarter if the assessment is to be conducted under division (B) of this section.

(G) The Department may provide for assessments to be conducted under division (B) of this section and, if it so provides, shall comply with the other divisions of this section notwithstanding anything to the contrary in sections 5111.20, 5111.23, and 5111.232 of the Revised Code.

SECTION 12. Section 109.57 of the Revised Code appears for purposes of its amendment by this act having been harmonized to include amendments of earlier acts having effective dates that are earlier and later than the effective date of the amendments by this act. This act neither delays nor accelerates those other effective dates, and the earlier amendments take effect according to the acts in which they appear.

SECTION 13. Section 109.57 of the Revised Code is presented in this act as a composite of the section as amended by both Am. Sub. H.B. 487 and Am. Sub. S.B. 337 of the 129th General Assembly. The version of section 109.57 of the Revised Code that takes effect on January 1, 2014, is presented in this act as a composite of the section as amended by Am. Sub. H.B. 487, Am. Sub. S.B. 316, and Am. Sub. S.B. 337, all of the 129th 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 composites are the resulting versions of the sections in effect prior to the effective date of the sections as presented in this act.

SECTION 14. This act is hereby declared to be an emergency measure necessary for the immediate preservation of the public peace, health, and safety. The reason for such necessity is that the certain reforms included in the provisions of this act are immediately needed to ensure the efficient regulation of nursing services in this state, to create a safe environment for the youth of this state while also fulfilling the need to deliver effective