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136th General Assembly  
Regular Session  
2025-2026

Sub. H. B. No. 795

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To amend sections 109.71, 109.77, 117.10, 117.103, 1  
121.483, 2903.216, 2913.40, 2929.01, 2935.01, 2  
3301.58, 4113.52, 5104.03, 5104.12, 5104.22, 3  
5104.32, 5164.32, 5164.33, 5164.36, and 5164.57 4  
and to enact sections 103.413, 109.851, 109.852, 5  
117.104, 117.61, 3901.93, 5101.5411, 5101.88, 6  
5162.138, 5162.139, 5162.1311, 5162.17, 5162.18, 7  
5162.19, 5162.85, 5162.86, 5162.87, 5162.88, 8  
5162.89, 5164.12, 5164.292, 5164.302, 5164.331, 9  
5164.332, 5164.40, 5164.401, 5164.402, 5164.403, 10  
5164.404, 5164.405, 5164.406, 5164.407, 5164.41, 11  
5164.42, 5164.43, and 5164.54 of the Revised 12  
Code regarding program integrity for certain 13  
components of the Medicaid program and other 14  
public assistance programs, to establish the 15  
Medicaid Program Integrity fund, and to name 16  
this act the Ohio Medicaid Program Integrity and 17  
Fraud Prevention Act. 18

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

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



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

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

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

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

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

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

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

(A) "Peace officer" means: 62

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

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

- (3) Employees of the department of taxation engaged in the enforcement of Chapter 5743. of the Revised Code and designated by the tax commissioner for peace officer training for purposes of the delegation of investigation powers under section 5743.45 of the Revised Code; 80  
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- (4) An undercover drug agent; 85
- (5) Enforcement agents of the department of public safety whom the director of public safety designates under section 5502.14 of the Revised Code; 86  
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- (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; 89  
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- (7) An employee of a park district who is designated pursuant to section 511.232 or 1545.13 of the Revised Code; 96  
97
- (8) An employee of a conservancy district who is designated pursuant to section 6101.75 of the Revised Code; 98  
99
- (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; 100  
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103  
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- (10) Veterans' homes police officers designated under section 5907.02 of the Revised Code; 105  
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- (11) A police officer who is employed by a qualified 107

nonprofit corporation police department pursuant to section	108
1702.80 of the Revised Code;	109
(12) A state university law enforcement officer appointed	110
under section 3345.04 of the Revised Code or a person serving as	111
a state university law enforcement officer on a permanent basis	112
on June 19, 1978, who has been awarded a certificate by the	113
executive director of the Ohio peace officer training commission	114
attesting to the person's satisfactory completion of an approved	115
state, county, municipal, or department of natural resources	116
peace officer basic training program;	117
(13) A special police officer employed by the department	118
of <del>mental health and addiction services</del> <u>behavioral health</u>	119
pursuant to section 5119.08 of the Revised Code or the	120
department of developmental disabilities pursuant to section	121
5123.13 of the Revised Code;	122
(14) A member of a campus police department appointed	123
under section 1713.50 of the Revised Code;	124
(15) A member of a police force employed by a regional	125
transit authority under division (Y) of section 306.35 of the	126
Revised Code;	127
(16) Investigators appointed by the auditor of state	128
pursuant to section 117.091 of the Revised Code and engaged in	129
the enforcement of Chapter 117. of the Revised Code;	130
(17) A special police officer designated by the	131
superintendent of the state highway patrol pursuant to section	132
5503.09 of the Revised Code or a person who was serving as a	133
special police officer pursuant to that section on a permanent	134
basis on October 21, 1997, and who has been awarded a	135
certificate by the executive director of the Ohio peace officer	136

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

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

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

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

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

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

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

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

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

Revised Code;	197
(25) An employee of the state board of pharmacy designated	198
by the executive director of the board pursuant to section	199
4729.04 of the Revised Code to investigate violations of	200
Chapters 2925., 3715., 3719., 3796., 4729., and 4752. of the	201
Revised Code and rules adopted thereunder;	202
<u>(26) The inspector general or a deputy inspector general</u>	203
<u>appointed pursuant to section 121.48 of the Revised Code who has</u>	204
<u>been awarded a certificate by the executive director of the Ohio</u>	205
<u>peace officer training commission attesting to the person's</u>	206
<u>satisfactory completion of an approved state, county, municipal,</u>	207
<u>or department of natural resources peace officer basic training</u>	208
<u>program, while the inspector general or deputy inspector general</u>	209
<u>is engaged in the scope of the inspector general's or deputy</u>	210
<u>inspector general's duties under sections 121.42 to 121.52 of</u>	211
<u>the Revised Code.</u>	212
(B) "Undercover drug agent" has the same meaning as in	213
division (B) (2) of section 109.79 of the Revised Code.	214
(C) "Crisis intervention training" means training in the	215
use of interpersonal and communication skills to most	216
effectively and sensitively interview victims of rape.	217
(D) "Missing children" has the same meaning as in section	218
2901.30 of the Revised Code.	219
(E) "Tactical medical professional" means an EMT, EMT-	220
basic, AEMT, EMT-I, paramedic, nurse, or physician who is	221
trained and certified in a nationally recognized tactical	222
medical training program that is equivalent to "tactical combat	223
casualty care" (TCCC) and "tactical emergency medical support"	224
(TEMS) and who functions in the tactical or austere environment	225

while attached to a law enforcement agency of either this state	226
or a political subdivision of this state.	227
(F) "EMT-basic," "EMT-I," and "paramedic" have the same	228
meanings as in section 4765.01 of the Revised Code and "EMT" and	229
"AEMT" have the same meanings as in section 4765.011 of the	230
Revised Code.	231
(G) "Nurse" means any of the following:	232
(1) Any person who is licensed to practice nursing as a	233
registered nurse by the board of nursing;	234
(2) Any certified nurse practitioner, clinical nurse	235
specialist, certified registered nurse anesthetist, or certified	236
nurse-midwife who holds a certificate of authority issued by the	237
board of nursing under Chapter 4723. of the Revised Code;	238
(3) Any person who is licensed to practice nursing as a	239
licensed practical nurse by the board of nursing pursuant to	240
Chapter 4723. of the Revised Code.	241
(H) "Physician" means a person who is licensed pursuant to	242
Chapter 4731. of the Revised Code to practice medicine and	243
surgery or osteopathic medicine and surgery.	244
(I) "County correctional officer" has the same meaning as	245
in section 341.41 of the Revised Code.	246
(J) (1) "Fire investigator" means an employee of a fire	247
department charged with investigating fires and explosions who	248
has been authorized, in accordance with sections 737.27 and	249
3737.24 of the Revised Code, to perform the duties of	250
investigating the origin and cause of fires and explosions using	251
the scientific method to investigate elements of the event	252
including the circumstances, actions, persons, means, and	253

motives that resulted in the fire or explosion or the report of a fire or explosion within this state.	254 255
(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.	256 257 258
(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.	259 260 261 262
(L) "At-risk youth" means an individual who is all of the following:	263 264
(1) Under twenty-one years of age;	265
(2) One of the following:	266
(a) At risk of becoming an abused, neglected, or dependent child, delinquent or unruly child, or juvenile traffic offender;	267 268
(b) An abused, neglected, or dependent child, delinquent or unruly child, or juvenile traffic offender.	269 270
(3) Residing in a state correctional institution, a department of youth services institution, or a residential facility.	271 272 273
(M) "Residential facility" has the same meaning as in section 2151.46 of the Revised Code.	274 275
<b>Sec. 109.77.</b> (A) As used in this section:	276
(1) "Felony" has the same meaning as in section 109.511 of the Revised Code.	277 278
(2) "Companion animal" has the same meaning as in section 959.131 of the Revised Code.	279 280

(B) (1) Notwithstanding any general, special, or local law	281
or charter to the contrary, and except as otherwise provided in	282
this section, no person shall receive an original appointment on	283
a permanent basis as any of the following unless the person	284
previously has been awarded a certificate by the executive	285
director of the Ohio peace officer training commission attesting	286
to the person's satisfactory completion of an approved state,	287
county, municipal, or department of natural resources peace	288
officer basic training program:	289
(a) A peace officer of any county, township, municipal	290
corporation, regional transit authority, or metropolitan housing	291
authority;	292
(b) A natural resources law enforcement staff officer,	293
forest-fire investigator, wildlife officer, or natural resources	294
officer of the department of natural resources;	295
(c) An employee of a park district under section 511.232	296
or 1545.13 of the Revised Code;	297
(d) An employee of a conservancy district who is	298
designated pursuant to section 6101.75 of the Revised Code;	299
(e) A state university law enforcement officer;	300
(f) A special police officer employed by the department of	301
<del>mental health and addiction services</del> <u>behavioral health</u> pursuant	302
to section 5119.08 of the Revised Code or the department of	303
developmental disabilities pursuant to section 5123.13 of the	304
Revised Code;	305
(g) An enforcement agent of the department of public	306
safety whom the director of public safety designates under	307
section 5502.14 of the Revised Code;	308

(h) A special police officer employed by a port authority	309
under section 4582.04 or 4582.28 of the Revised Code;	310
(i) A special police officer employed by a municipal	311
corporation at a municipal airport, or other municipal air	312
navigation facility, that has scheduled operations, as defined	313
in section 119.3 of Title 14 of the Code of Federal Regulations,	314
14 C.F.R. 119.3, as amended, and that is required to be under a	315
security program and is governed by aviation security rules of	316
the transportation security administration of the United States	317
department of transportation as provided in Parts 1542. and	318
1544. of Title 49 of the Code of Federal Regulations, as	319
amended;	320
(j) A gaming agent employed under section 3772.03 of the	321
Revised Code;	322
<u>(k) The inspector general or a deputy inspector general</u>	323
<u>appointed pursuant to section 121.48 of the Revised Code.</u>	324
(2) Every person who is appointed on a temporary basis or	325
for a probationary term or on other than a permanent basis as	326
any of the following shall forfeit the appointed position unless	327
the person previously has completed satisfactorily or, within	328
the time prescribed by rules adopted by the attorney general	329
pursuant to section 109.74 of the Revised Code, satisfactorily	330
completes a state, county, municipal, or department of natural	331
resources peace officer basic training program for temporary or	332
probationary officers and is awarded a certificate by the	333
director attesting to the satisfactory completion of the	334
program:	335
(a) A peace officer of any county, township, municipal	336
corporation, regional transit authority, or metropolitan housing	337

authority; 338

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

January 1, 1997; 519

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Chapter 169. of the Revised Code. 637

(C) If the information the director of commerce provides 638  
identifies or results in identifying unclaimed funds held by the 639  
state for an individual described in division (A) of this 640  
section, the attorney general shall file a claim under section 641  
169.08 of the Revised Code to recover the unclaimed funds. If 642  
the director of commerce allows the claim, the director shall 643  
pay the claim directly to the attorney general. The director of 644  
commerce shall not disallow a claim made by the attorney general 645  
because the attorney general is not the owner of the unclaimed 646  
funds according to the report made pursuant to section 169.03 of 647  
the Revised Code. The director of commerce shall not pay a claim 648  
amount that exceeds the amount of funds owed by an individual 649  
described in division (A) of this section. The attorney general 650  
shall adjust any amounts owed by an individual described in 651  
division (A) of this section if the director of commerce pays 652  
unclaimed funds to the attorney general otherwise owed to the 653  
individual. 654

(D) Claims paid in accordance with this section shall be 655  
deposited into the medicaid program integrity fund established 656  
under section 109.852 of the Revised Code. 657

**Sec. 109.852.** (A) The medicaid program integrity fund is 658  
created in the state treasury. The fund shall consist of all 659  
money recovered as a result of medicaid fraud under section 660  
2913.40 of the Revised Code, including restitution, civil 661  
settlements, forfeitures, and any other fraud-related 662  
recoveries. The attorney general shall use the money in the fund 663  
for medicaid fraud enforcement, fraud analytics, whistleblower 664  
administration, verification oversight, and program integrity 665  
operations. 666

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Revised Code.	872
(5) "Law enforcement agency" means any organization or unit comprised of law enforcement officers, and also includes any federal or military law enforcement agency.	873 874 875
(6) "Person" means an individual, but does not include a business entity.	876 877
(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:	878 879 880 881 882 883
(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;	884 885 886
(b) As a term or condition of a person's release under section 2929.20 of the Revised Code;	887 888
(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;	889 890 891
(d) As a term of supervision for a person transferred to transitional control under section 2967.26 of the Revised Code;	892 893
(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.	894 895 896
(8) "Protection order issued by a court of another state" has the same meaning as in section 2919.27 of the Revised Code.	897 898

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(b) This division does not apply if the person on whose 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 1045  
or movement of the fixed wing aircraft or rotorcraft; 1046

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

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

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

(b) Validating a claim for medicaid payment; 1064

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

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

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

correction imposes electronic monitoring on a person. 1074

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Sec. 2929.01.** As used in this chapter: 1225

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

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

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

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

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

term of confinement, as defined by that section. 1247

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(a) A stated prison term; 1436

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

all of the following apply: 1656

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

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

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

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

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

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

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

(BBB) "Material," "nudity," "obscene," "performance," and "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 1713  
2931.01 of the Revised Code. 1714

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

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

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

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

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

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

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

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

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

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

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

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

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

investigate and inspect each preschool program or school child 1867  
program licensed under division (D) of this section to determine 1868  
if the requirements of sections 3301.52 to 3301.59 of the 1869  
Revised Code and any rules adopted under those sections are met 1870  
by the program, and shall notify the program of the results. 1871

(F) The license or provisional license shall state the 1872  
name of the school district board of education, county board of 1873  
developmental disabilities, community school, authorized private 1874  
before and after school care program, or eligible nonpublic 1875  
school that operates the preschool program or school child 1876  
program and the license capacity of the program. 1877

(G) The department of children and youth may revoke the 1878  
license of any preschool program or school child program that is 1879  
not in compliance with the requirements of sections 3301.52 to 1880  
3301.59 of the Revised Code and any rules adopted under those 1881  
sections. 1882

If the department of children and youth terminates a 1883  
preschool program's or school child program's contract to 1884  
provide publicly funded child care as described in division (D)  
(3) of section 5104.32 of the Revised Code, the department shall 1885  
revoke the program's license. 1886  
1887

(H) If the department of children and youth revokes a 1888  
license, the department shall not issue a license to the program 1889  
within two years from the date of the revocation, except that in 1890  
the case of a license revoked because the program's contract to 1891  
provide publicly funded child care was terminated, the program 1892  
is forever ineligible for licensure. All actions of the 1893  
department with respect to licensing preschool programs and 1894  
school child programs shall be in accordance with Chapter 119. 1895  
of the Revised Code. 1896

<u>Sec. 3901.93. (A) As used in this section:</u>	1897
<u>(1) "Department" has the same meaning as in section 121.01 of the Revised Code.</u>	1898 1899
<u>(2) "Health plan issuer" has the same meaning as in section 3922.01 of the Revised Code.</u>	1900 1901
<u>(3) "Medicaid managed care organization" has the same meaning as in section 5167.01 of the Revised Code.</u>	1902 1903
<u>(4) "Payer" includes a health plan issuer, a medicaid managed care organization, the medicaid program, and the medicare program.</u>	1904 1905 1906
<u>(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.</u>	1907 1908 1909
<u>(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.</u>	1910 1911 1912 1913 1914
<u>In the case of a payer that is a health plan issuer, the requirement to submit claims begins January 1, 2028.</u>	1915 1916
<u>(3) The superintendent shall include in the database each claim the superintendent receives.</u>	1917 1918
<u>(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.</u>	1919 1920 1921 1922 1923 1924

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

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

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

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

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

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

(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. 1939  
1940  
1941  
1942

**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 1943  
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1945  
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<u>misappropriation of public money to the inspector general.</u>	1954
<u>Nothing in this division prohibits the auditor of state or the</u>	1955
<u>inspector general from referring a report to the other office</u>	1956
<u>when appropriate.</u>	1957
(b) A person is required to make a report under division	1958
(A) (1) (c) of this section if the person meets any of the	1959
following:	1960
(i) The person is elected to local public office.	1961
(ii) The person is appointed to or within a local public	1962
office.	1963
(iii) The person has a fiduciary duty to a local public	1964
office.	1965
(iv) The person holds a supervisory position within a	1966
local public office.	1967
(v) The person is employed in the department or office	1968
responsible for processing any revenue or expenses of the local	1969
public office.	1970
(c) If a person identified in division (A) (1) (b) of this	1971
section, during the person's term of office or in the course of	1972
the person's employment, becomes aware of fraud, theft in	1973
office, or the misuse or misappropriation of public money, the	1974
person shall timely notify the auditor of state via the auditor	1975
of state's fraud-reporting system under section 117.103 of the	1976
Revised Code or via other means.	1977
(d) A person who serves as legal counsel, or who is	1978
employed as legal counsel, for a local public office or a state	1979
official or employee employed by or appointed to a state agency	1980
is not required to make a report under division (A) (1) (a) or (c)	1981

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

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

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

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

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

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

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

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

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

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

(1) Removing or suspending the person from employment; 2065

(2) Withholding from the person salary increases or 2066  
employee benefits to which the person is otherwise entitled; 2067

(3) Transferring or reassigning the person; 2068

(4) Denying the person a promotion that otherwise would 2069  
have been received; 2070

(5) Reducing the person in pay or position. 2071

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

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

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

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

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

(G) As used in this section: 2113

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

~~(H)(1)~~ (I) In no case shall the director issue a license under 2306  
this section for a center, type A home, or type B home if the 2307

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

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

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

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

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

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

the previous five years; 2337

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

period is longer. 2425

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

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

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

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

of the Revised Code; 2455

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

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

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

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

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

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

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

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

(b) Falsify child attendance or enrollment records;

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

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

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

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

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

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

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

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

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

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

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

<u>1903(1) of the "Social Security Act," 42 U.S.C. 1903(1).</u>	2542
<u>(B) Not later than the first day of March annually, the</u>	2543
<u>medicaid director shall submit a report to the governor, the</u>	2544
<u>speaker of the house of representatives, the president of the</u>	2545
<u>senate, and the auditor of state regarding electronic visit</u>	2546
<u>verification utilization and compliance for the immediately</u>	2547
<u>preceding calendar year. The report shall, at a minimum, include</u>	2548
<u>all of the following:</u>	2549
<u>(1) Provider utilization rates;</u>	2550
<u>(2) Provider compliance rates;</u>	2551
<u>(3) The number and percentage of claims or service visits</u>	2552
<u>with complete EVV data;</u>	2553
<u>(4) The number and percentage of claims or service visits</u>	2554
<u>with missing, incomplete, manually entered, modified, late, or</u>	2555
<u>unmatched EVV data;</u>	2556
<u>(5) The number of claims denied or paid due to EVV</u>	2557
<u>compliance status;</u>	2558
<u>(6) Compliance trends by provider type and geographic</u>	2559
<u>region;</u>	2560
<u>(7) Enforcement or corrective actions taken by the</u>	2561
<u>department;</u>	2562
<u>(8) Any recommendations to improve EVV utilization,</u>	2563
<u>compliance, payment integrity, and fraud prevention.</u>	2564
<u>(C) The department of medicaid shall make the report</u>	2565
<u>publicly available on the department's internet web site not</u>	2566
<u>later than thirty days after submitting the report in accordance</u>	2567
<u>with division (B) of this section, except that the department</u>	2568

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(A) "Affiliated person" means: 2652

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

<u>a risk contractor;</u>	2654
<u>(2) A party with a substantial relationship to a risk contractor, including the following:</u>	2655
<u>(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;</u>	2657
<u>(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;</u>	2661
<u>(c) A risk contractor's key employee;</u>	2666
<u>(d) An immediate family member of a person described in divisions (A) (2) (a) to (c) of this section;</u>	2667
<u>(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;</u>	2669
<u>(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.</u>	2674
<u>(B) "Agent" means a person that has express or implied authority to obligate or act on behalf of another person.</u>	2679
<u>(C) "Claim" means a request or demand for payment for a</u>	2681

service provided to an enrollee. 2682

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

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

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

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

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

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

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

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

<u>person makes on behalf of a risk contractor, that should</u>	2710
<u>otherwise not be made or falls into any of the following</u>	2711
<u>categories:</u>	2712
<u>(a) That is made in an incorrect or duplicate amount;</u>	2713
<u>(b) That is inconsistent with the risk contractor's</u>	2714
<u>contract with the department, applicable federal and state law,</u>	2715
<u>evidence-based clinical guidelines the department approves,</u>	2716
<u>generally accepted accounting principles, or guidance issued by</u>	2717
<u>the department;</u>	2718
<u>(c) To or on behalf of a medicaid provider, or the</u>	2719
<u>medicaid provider's affiliated person, agent, or subcontractor</u>	2720
<u>who was deceased on the date the cost was accrued;</u>	2721
<u>(d) For a covered service for an individual or service</u>	2722
<u>that is any of the following:</u>	2723
<u>(i) Was deceased at the time the service was received or</u>	2724
<u>performed;</u>	2725
<u>(ii) Was incarcerated and ineligible for the service</u>	2726
<u>received;</u>	2727
<u>(iii) Was not a medicaid-covered service within the scope</u>	2728
<u>of the risk contractor's contract;</u>	2729
<u>(iv) Was not received by the intended individual as</u>	2730
<u>indicated on the claim;</u>	2731
<u>(v) Was not medically necessary;</u>	2732
<u>(vi) Was in a setting or place of service contrary to the</u>	2733
<u>medicaid program;</u>	2734
<u>(vii) Was not clearly, accurately, and sufficiently</u>	2735
<u>supported by the medical record of the individual receiving the</u>	2736

<u>covered service;</u>	2737
<u>(viii) Was not supported by a clean claim that is</u>	2738
<u>complete, accurate, timely, properly coded and formatted, and</u>	2739
<u>submitted consistent with applicable claims standards and</u>	2740
<u>billing instructions.</u>	2741
<u>(e) For services, items, or transactions for which the</u>	2742
<u>risk contractor failed to submit to the department timely,</u>	2743
<u>complete, and accurate encounter data, or other required data.</u>	2744
<u>(3) A payment made to a medicaid provider under a sub-</u>	2745
<u>capitation or risk-sharing arrangement for which the medicaid</u>	2746
<u>provider failed to submit timely, complete, and accurate data</u>	2747
<u>necessary to support encounter data reporting;</u>	2748
<u>(4) A payment made to a medicaid provider that, on the</u>	2749
<u>date of service, was not properly enrolled or certified to</u>	2750
<u>participate in the medicaid program, did not have a valid</u>	2751
<u>medicaid provider agreement, or was not certified as meeting</u>	2752
<u>applicable requirements or conditions of participation;</u>	2753
<u>(5) A payment made to a medicaid provider for a covered</u>	2754
<u>service associated with missing, incomplete, erroneous, or</u>	2755
<u>encounter data that has not been validated;</u>	2756
<u>(6) A cost or expense a risk contractor, or risk</u>	2757
<u>contractor's subcontractor or agent on the risk contractor's</u>	2758
<u>behalf, incurs in error, by omission, as a result of a</u>	2759
<u>deficiency in claims adjudication, accounting systems and</u>	2760
<u>procedures, internal controls over financial reporting,</u>	2761
<u>information systems, or electronic data interchange with</u>	2762
<u>medicaid providers, or as a result of incomplete or inadequate</u>	2763
<u>adherence to generally accepted accounting principles;</u>	2764
<u>(7) A payment, incurred expense, transfer, or other</u>	2765

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

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

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

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

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

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

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

<u>with a qualified or unqualified opinion.</u>	2795
<u>(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;</u>	2796 2797 2798 2799
<u>(12) A payment, incurred expense, transfer, or transaction made as a result, in whole or in part, of a conflict of interest;</u>	2800 2801 2802
<u>(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;</u>	2803 2804 2805 2806 2807 2808
<u>(14) A payment made as follows:</u>	2809
<u>(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;</u>	2810 2811 2812 2813
<u>(b) By or on behalf of a risk contractor for the risk contractor's parent organization, subcontractor, supplier, manufacturer, distributor, or vendor.</u>	2814 2815 2816
<u>(15) A payment made to, or for the costs of, a person listed in any of the following:</u>	2817 2818
<u>(a) The United States department of health and human services' office of inspector general's list of excluded individuals or entities;</u>	2819 2820 2821
<u>(b) The federal centers for medicare and medicaid services</u>	2822

<u>national plan and provider enumeration system exclusion list;</u>	2823
<u>(c) The United States social security administration death master file;</u>	2824
	2825
<u>(d) Exclusions or disqualifications from the United States general services administration's system for award management;</u>	2826
	2827
<u>(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.</u>	2828
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<u>(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.</u>	2832
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<u>(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.</u>	2838
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	2842
<u>(L) "National drug code identifier" has the same meaning as in 21 C.F.R. part 207.</u>	2843
	2844
<u>(M) "Ownership interest" means possession of, in an entity, any of the following:</u>	2845
	2846
<u>(1) Legal or beneficial ownership;</u>	2847
<u>(2) Capital interest;</u>	2848
<u>(3) Profit interest;</u>	2849

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

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

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

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

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

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

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

(1) A managed care organization; 2903

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

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

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

(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; 2909  
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(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. 2912  
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(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: 2919  
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(1) Medicaid provider reimbursement; 2923

(2) Multi-payer reform; 2924

(3) Medicaid-specific delivery system reform; 2925

(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. 2926  
2927  
2928  
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(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: 2930  
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<u>(1) A pharmacy benefit manager;</u>	2934
<u>(2) A behavioral health organization;</u>	2935
<u>(3) A dental benefit administrator;</u>	2936
<u>(4) A transportation broker;</u>	2937
<u>(5) A utilization management organization;</u>	2938
<u>(6) An entity that performs financial management services,</u>	2939
<u>claims processing, decision support and analytics, care</u>	2940
<u>management, medical policy and utilization review services,</u>	2941
<u>quality improvement activities, provider network management,</u>	2942
<u>member services, information systems and technology services,</u>	2943
<u>marketing, staffing services, or government relations.</u>	2944
<u>(U) "Value-add benefits" means benefits offered by a</u>	2945
<u>managed care organization in addition to standard coverage</u>	2946
<u>offered through the medicaid program.</u>	2947
<u>(V) "Value-based purchasing model" means a model for</u>	2948
<u>medicaid provider reimbursement that recognizes value or</u>	2949
<u>outcomes over volume of services, including pay for performance</u>	2950
<u>or bundled payments.</u>	2951
<b>Sec. 5162.86.</b> <u>(A) (1) The department of medicaid shall</u>	2952
<u>establish and maintain a database to collect, process, store,</u>	2953
<u>and report on covered services provided to all enrollees in</u>	2954
<u>medicaid MCO plans, which shall be known as the medicaid</u>	2955
<u>encounter data system.</u>	2956
<u>(2) For each medicaid MCO plan, a medicaid managed care</u>	2957
<u>organization shall quarterly submit all of the following to the</u>	2958
<u>department, in a format that complies with HIPAA and any rules</u>	2959
<u>adopted by the medicaid director under this section:</u>	2960

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

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

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

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

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

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

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

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

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

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

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

(b) Medical loss ratio audited reports; 3037

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

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

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

tend to identify any particular individual. 3045

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

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

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

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

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

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

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

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

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

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

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

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

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

(1) Be independent; 3088

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(3) An adverse opinion. 3144

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

(1) Identify and document all improper payments; 3147

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(1) The actuarial work is void. 3209

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

(F) The medicaid director shall adopt rules in accordance 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. 3213  
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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. 3217  
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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. 3220  
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(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: 3227  
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(a) Physicians licensed under Chapter 4731. of the Revised Code to practice medicine and surgery, osteopathic medicine and surgery, or podiatric medicine and surgery; 3231  
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(b) Psychologists licensed under Chapter 4732. of the Revised Code; 3234  
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(c) Physician assistants licensed under Chapter 4730. of the Revised Code; 3236  
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(d) Dentists licensed under Chapter 4715. of the Revised Code; 3238  
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(e) Optometrists licensed under Chapter 4725. of the 3240

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

<u>accordance with this section:</u>	3268
<u>(a) Access to the standard provider credentialing 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;</u>	3269 3270 3271 3272
<u>(b) Active provider licensing information;</u>	3273
<u>(c) Board certification, if applicable;</u>	3274
<u>(d) Educational background;</u>	3275
<u>(e) Clinical privileges, if applicable;</u>	3276
<u>(f) Medical malpractice insurance;</u>	3277
<u>(g) Drug enforcement administration certification, if applicable;</u>	3278 3279
<u>(h) National practitioner data bank information regarding malpractice and clinical privilege actions;</u>	3280 3281
<u>(i) Sanctions or limitations on licensure;</u>	3282
<u>(j) Eligibility for participation in medicare and medicaid, if applicable.</u>	3283 3284
<u>(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:</u>	3285 3286 3287 3288
<u>(a) Nursing facilities as defined in Chapter 5165. of the Revised Code;</u>	3289 3290
<u>(b) Hospitals as defined in Chapter 3727. of the Revised Code;</u>	3291 3292
<u>(c) Hospice care programs licensed under Chapter 3712. of</u>	3293

<u>the Revised Code;</u>	3294
<u>(d) Home health agencies licensed by the department of health under Chapter 3740. of the Revised Code;</u>	3295
<u>(e) Ambulatory surgical facilities as defined in section 3702.30 of the Revised Code;</u>	3297
<u>(f) Community mental health services providers and community addiction services providers as defined in Chapter 5119. of the Revised Code;</u>	3299
<u>(g) Freestanding dialysis centers and freestanding radiation therapy centers licensed by the department of health under Chapter 3702. of the Revised Code;</u>	3300
<u>(h) Residential facilities as defined in Chapter 5119. of the Revised Code.</u>	3301
<u>(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:</u>	3302
<u>(a) The standardized credentialing form part B maintained by the department of insurance;</u>	3303
<u>(b) Active provider licensing information;</u>	3304
<u>(c) Certification through an accrediting body or a site visit completed by a state designated agency;</u>	3305
<u>(d) Eligibility for participation in medicare and medicaid, if applicable;</u>	3306
<u>(e) Verification of good standing with applicable state and federal bodies;</u>	3307
<u>(f) Active malpractice insurance.</u>	3308
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(D) The department of medicaid shall require a provider or 3321  
facility to provide the information described in this section to 3322  
the department or the department's credentialing designee sooner 3323  
than every twenty-four months if required under federal law or 3324  
if the medicaid director determines that a shorter time frame is 3325  
necessary. 3326

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(2) Arrange for, render, or order services for medicaid recipients during the period of exclusion; 3409  
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(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. 3411  
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(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. 3416  
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(D) Nothing in this section limits the applicability of section 5164.38 of the Revised Code to a medicaid provider. 3421  
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(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. 3423  
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**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. 3429  
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Sec. 5164.332. (A) The department of medicaid shall impose 3438  
a temporary suspension of medicaid payments and conduct an 3439  
investigation if the department determines there is a suspicious 3440  
increase in the number of claims for payment submitted by a 3441  
provider in the first sixty days of the provider entering into a 3442  
provider agreement with the department. 3443

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

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

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

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

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

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

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

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

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

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

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

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

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

(i) The medicaid provider; 3489

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

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

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

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

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

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

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

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

(i) The medicaid provider; 3538

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

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

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

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

(ii) Arrange, render, or order services on behalf of any other medicaid provider or risk contractor; 3549  
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(iii) Arrange or order services for medicaid recipients or render services to medicaid recipients; 3551  
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(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. 3553  
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(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: 3557  
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(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. 3560  
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(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. 3566  
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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. 3569  
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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 3573  
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demonstration. 3578

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

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

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

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

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

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

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

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

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

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

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

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

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

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

validity of an indictment in a related criminal case. 3635

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

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

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

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

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

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

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

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

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

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

(1) Personal care services; 3666

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

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

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

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

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

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

(1) Establish an internal electronic verification system; 3687

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

<u>(3) Integrate with existing electronic verification</u>	3690
<u>systems utilized by the department.</u>	3691
<u>(B) A system or systems developed, procured, certified, or</u>	3692
<u>approved in accordance with this section shall do all of the</u>	3693
<u>following:</u>	3694
<u>(1) For claims submitted by a nonemergency medical</u>	3695
<u>transportation service provider:</u>	3696
<u>(a) Utilize a ride dispatch system that is similar to</u>	3697
<u>other private transportation services;</u>	3698
<u>(b) Utilize GPS-based verification to track a provider's</u>	3699
<u>arrival at a pickup location, initiation of a transport, arrival</u>	3700
<u>at a drop-off location, and completion of a transport;</u>	3701
<u>(c) Capture breadcrumb location data throughout the</u>	3702
<u>duration of a transport;</u>	3703
<u>(d) Record timestamps, route data, and total distance</u>	3704
<u>traveled during a transport;</u>	3705
<u>(e) Be capable of transmitting data directly to the</u>	3706
<u>department as a condition of payment.</u>	3707
<u>(2) For claims submitted by an in-home care services</u>	3708
<u>provider:</u>	3709
<u>(a) Require in-home care service providers to clock in and</u>	3710
<u>clock out when physically present at the location where services</u>	3711
<u>are being provided;</u>	3712
<u>(b) Utilize GPS-based verification to track when a</u>	3713
<u>provider clocks in and clocks out;</u>	3714
<u>(c) Capture breadcrumb location data throughout the</u>	3715
<u>duration of service delivery;</u>	3716

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

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

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

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

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

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

with electronic verification systems in the medicare program. 3746

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

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

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

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

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

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

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

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

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

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

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

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

(2) Emergencies; 3801

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

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

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

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

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

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

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

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

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

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

(1) Repeated mismatches in check-in data; 3847

(2) Data that indicates impossible travel times; 3848

(3) Claims data that overlaps with a medicaid recipient's 3849  
stay in a hospital; 3850

(4) Unusual outliers in billing data; 3851

(5) Other data indicators that demonstrate a high risk of 3852  
fraud. 3853

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(F) Any impacts to medicaid recipient access to medicaid 3915  
services that result from the use of electronic verification 3916

systems; 3917

(G) Any additional information or data the department 3918  
considers relevant concerning electronic verification systems. 3919

**Sec. 5164.407.** The department of medicaid shall adopt 3920  
rules in accordance with Chapter 119. of the Revised Code to 3921  
implement sections 5164.40 to 5164.407 of the Revised Code. The 3922  
rules shall address all of the following: 3923

(A) Technical standards for electronic verification 3924  
systems developed, procured, certified, or approved under 3925  
section 5164.401 of the Revised Code including GPS intervals, 3926  
breadcrumb location data parameters, and criteria for 3927  
certification of electronic verification systems; 3928

(B) Procedures by which a provider may seek an exemption 3929  
from electronic verification requirements under section 5164.402 3930  
of the Revised Code; 3931

(C) Protocols by which the department will conduct audits 3932  
and enforcement of electronic verification requirements under 3933  
section 5164.405 of the Revised Code; 3934

(D) Regarding the high-risk provider verification system 3935  
established under section 5164.404 of the Revised Code, 3936  
encryption requirements for stored or transmitted data, time 3937  
periods for which data must be retained, processes for data 3938  
destruction, and penalties for the misuse of data transmitted or 3939  
stored by the verification system; 3940

(E) Other standards and procedures as necessary to 3941  
implement sections 5164.40 to 5164.407 of the Revised Code. 3942

**Sec. 5164.41.** (A) As used in this section, "home and 3943  
community-based services medicaid waiver component" has the same 3944

meaning as in section 5166.01 of the Revised Code. 3945

(B) The department of medicaid shall establish oversight 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: 3946  
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(1) Quarterly audits; 3950

(2) Enhanced check-in review; 3951

(3) Annual recertification as a medicaid provider; 3952

(4) Independent case manager verification; 3953

(5) Caps on hours of compensated care absent documented medical necessity; 3954  
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(6) Forensic review triggers; 3956

(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. 3957  
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(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. 3961  
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**Sec. 5164.42.** (A) As used in this section, "electronic visit verification" has the same meaning as in section 1903(1) of the "Social Security Act," 42 U.S.C. 1903(1). 3967  
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(B) (1) The department of medicaid shall require each claim for a service that is subject to electronic visit verification 3970  
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requirements under state or federal law to be supported by a 3972  
validated electronic visit verification record as a condition of 3973  
payment. 3974

(2) The department shall establish standards and 3975  
procedures for matching claims for medicaid payment to 3976  
electronic visit verification records. The standards and 3977  
procedures shall identify the data elements necessary to 3978  
validate that the service billed was delivered to a medicaid 3979  
recipient, including the type of service performed, the 3980  
individual receiving the service, the date of service, the 3981  
location of service delivery, the individual providing the 3982  
service, and the time the service began and ended. 3983

(C) (1) The department may deny, suspend, defer, or recoup 3984  
payment for a claim that is not supported by a validated 3985  
electronic visit verification record. 3986

(2) Prior to taking an action described in division (C) (1) 3987  
of this section, the department shall provide affected providers 3988  
with notice, training, technical assistance, and compliance 3989  
education regarding claim validation requirements established 3990  
under this section. 3991

(D) The department may establish performance benchmarks or 3992  
minimum compliance thresholds related to electronic visit 3993  
verification utilization, matching accuracy, manual entry rates, 3994  
modified visit rates, late visit entry rates, and unmatched 3995  
claim rates. 3996

(E) The medicaid director shall adopt rules under section 3997  
5164.02 of the Revised Code to implement this section. The rules 3998  
shall establish all of the following: 3999

(1) Claim validation procedures; 4000

<u>(2) Standards for verified electronic visit verification records;</u>	4001 4002
<u>(3) Good-cause exemptions;</u>	4003
<u>(4) Corrective action processes;</u>	4004
<u>(5) Procedures for technical assistance and provider remediation;</u>	4005 4006
<u>(6) Phased implementation schedules by provider type or service category;</u>	4007 4008
<u>(7) Standards for denying, suspending, deferring, or recouping payment for claims not supported by validated electronic visit verification records.</u>	4009 4010 4011
<u>(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.</u>	4012 4013 4014 4015 4016 4017
<b><u>Sec. 5164.43.</u></b> (A) <u>As used in this section:</u>	4018
<u>(1) "Employee" means any person who performs a service for wages or other remuneration for an employer.</u>	4019 4020
<u>(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.</u>	4021 4022 4023 4024
<u>(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</u>	4025 4026 4027

an instance of fraud occurred in the medicaid program. 4028

(C) An employee alleging an employer has violated division 4029  
(B) of this section may commence an action in any court of 4030  
competent jurisdiction for reinstatement with back pay, if the 4031  
action is based on discharge, or for equitable relief, together 4032  
with reasonable attorney's fees. 4033

**Sec. 5164.54.** (A) Not later than the first day of February 4034  
of each year, the medicaid director shall provide to the 4035  
director of commerce a list of all medicaid providers who have 4036  
had a medicaid provider agreement suspended or terminated due to 4037  
fraudulent activity. 4038

(B) Not later than the first day of March of each year, 4039  
the director of commerce shall provide to the medicaid director 4040  
a list of any individual included in a request sent by the 4041  
medicaid director pursuant to division (A) of this section who 4042  
has unclaimed funds delivered or reported to the state under 4043  
Chapter 169. of the Revised Code. 4044

(C) If the information the director of commerce provides 4045  
identifies or results in identifying unclaimed funds held by the 4046  
state for a medicaid provider described in division (A) of this 4047  
section, the department of medicaid shall file a claim under 4048  
section 169.08 of the Revised Code to recover the unclaimed 4049  
funds. If the director of commerce allows the claim, the 4050  
director of commerce shall pay the claim directly to the 4051  
department of medicaid. The director of commerce shall not 4052  
disallow a claim made by the department of medicaid because the 4053  
department of medicaid is not the owner of the unclaimed funds 4054  
according to the report made pursuant to section 169.03 of the 4055  
Revised Code. The director of commerce shall not pay a claim 4056  
amount that exceeds the amount of funds owed to the department 4057

of medicaid by a medicaid provider. The director of medicaid 4058  
shall adjust any amount owed by a medicaid provider described in 4059  
division (A) of this section if the director of commerce pays 4060  
unclaimed funds to the director of medicaid otherwise owed to 4061  
the provider. 4062

**Sec. 5164.57.** (A) (1) Except as provided in division (A) (2) 4063  
and division (E) of this section, the department of medicaid may 4064  
recover a medicaid payment or portion of a payment made to a 4065  
medicaid provider to which the provider is not entitled if the 4066  
department notifies the provider of the overpayment during the 4067  
five-year period immediately following the end of the state 4068  
fiscal year in which the overpayment was made. 4069

(2) In the case of a hospital medicaid provider, if the 4070  
department determines as a result of a medicare or medicaid cost 4071  
report settlement that the provider received an amount under the 4072  
medicaid program to which the provider is not entitled, the 4073  
department may recover the overpayment if the department 4074  
notifies the provider of the overpayment during the later of the 4075  
following: 4076

(a) The five-year period immediately following the end of 4077  
the state fiscal year in which the overpayment was made; 4078

(b) The one-year period immediately following the date the 4079  
department receives from the United States centers for medicare 4080  
and medicaid services a completed, audited, medicare cost report 4081  
for the provider that applies to the state fiscal year in which 4082  
the overpayment was made. 4083

(B) Among the overpayments that may be recovered under 4084  
this section are the following: 4085

(1) Payment for a medicaid service, or a day of service, 4086

not rendered; 4087

(2) Payment for a day of service at a full per diem rate 4088  
that should have been paid at a percentage of the full per diem 4089  
rate; 4090

(3) Payment for a medicaid service, or day of service, 4091  
that was paid by, or partially paid by, a third party, as 4092  
defined in section 5160.35 of the Revised Code, and the third 4093  
party's payment or partial payment was not offset against the 4094  
amount paid by the medicaid program to reduce or eliminate the 4095  
amount that was paid by the medicaid program; 4096

(4) Payment when a medicaid recipient's responsibility for 4097  
payment was understated and resulted in an overpayment to the 4098  
provider. 4099

(C) The department may recover an overpayment under this 4100  
section prior to or after any of the following: 4101

(1) Adjudication of a final fiscal audit that section 4102  
5164.38 of the Revised Code requires to be conducted in 4103  
accordance with Chapter 119. of the Revised Code; 4104

(2) Adjudication of a finding under any other provision of 4105  
state statutes governing the medicaid program or the rules 4106  
adopted under those statutes; 4107

(3) Expiration of the time to issue a final fiscal audit 4108  
that section 5164.38 of the Revised Code requires to be 4109  
conducted in accordance with Chapter 119. of the Revised Code; 4110

(4) Expiration of the time to issue a finding under any 4111  
other provision of state statutes governing the medicaid program 4112  
or the rules adopted under those statutes. 4113

(D) (1) Subject to division (D) (2) of this section, the 4114

recovery of an overpayment under this section does not preclude 4115  
the department from subsequently doing the following: 4116

(a) Issuing a final fiscal audit in accordance with 4117  
Chapter 119. of the Revised Code, as required under section 4118  
5164.38 of the Revised Code; 4119

(b) Issuing a finding under any other provision of state 4120  
statutes governing the medicaid program or the rules adopted 4121  
under those statutes. 4122

(2) A final fiscal audit or finding issued subsequent to 4123  
the recovery of an overpayment under this section shall be 4124  
reduced by the amount of the prior recovery, as appropriate. 4125

(E) The department shall recover all overpayments to a 4126  
provider when an audit determines and verifies an impossible 4127  
claim submitted by the provider, such as when a provider has 4128  
submitted a claim for providing in-home care services, as 4129  
defined in section 5164.40 of the Revised Code, on a date when 4130  
the recipient was in the hospital or when a provider has 4131  
submitted claims for providing in-home services to recipients 4132  
located at different addresses at the same time. 4133

(F) Nothing in this section limits the department's 4134  
authority to recover overpayments pursuant to any other 4135  
provision of the Revised Code. 4136

**Section 2.** That existing sections 109.71, 109.77, 117.10, 4137  
117.103, 121.483, 2903.216, 2913.40, 2929.01, 2935.01, 3301.58, 4138  
4113.52, 5104.03, 5104.12, 5104.22, 5104.32, 5164.32, 5164.33, 4139  
5164.36, and 5164.57 of the Revised Code are hereby repealed. 4140

**Section 3.** Not later than thirty days after the effective 4141  
date of this section, the Department of Medicaid shall submit a 4142  
report to the General Assembly with a cost estimate to implement 4143

this act. The report shall include a comparison of state funds 4144  
and expected matching federal funds necessary to develop, 4145  
procure, certify, or approve electronic verification systems 4146  
described in section 5164.401 of the Revised Code. The report 4147  
shall also analyze expected cost savings for the Medicaid 4148  
program that result from implementation of electronic 4149  
verification systems. 4150

**Section 4.** This act shall be known as the Ohio Medicaid 4151  
Program Integrity and Fraud Prevention Act. 4152

**Section 5.** Section 117.10 of the Revised Code is presented 4153  
in this act as a composite of the section as amended by both 4154  
H.B. 59 and S.B. 67 of the 130th General Assembly. The General 4155  
Assembly, applying the principle stated in division (B) of 4156  
section 1.52 of the Revised Code that amendments are to be 4157  
harmonized if reasonably capable of simultaneous operation, 4158  
finds that the composite is the resulting version of the section 4159  
in effect prior to the effective date of the section as 4160  
presented in this act. 4161