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Representative DeVitis

Cosponsors: Representatives Ginter, Grossman, Rezabek, Boose, McColley, Brenner, Romanchuk, Sprague, Hagan, Duffey, Gonzales, Butler, Cera, Patterson, Sykes, Bishoff, Anielski, Antonio, Barnes, Boccieri, Boggs, Boyce, Burkley, Craig, Fedor, Howse, Johnson, G., Kuhns, Lepore-Hagan, O'Brien, M., O'Brien, S., Perales, Reece, Rogers, Ruhl, Slesnick, Smith, K., Strahorn, Terhar

A BILL

To amend sections 5162.01, 5162.36, 5162.361, and 1
5162.363 and to enact section 5162.366 of the 2
Revised Code to authorize certain Medicaid 3
providers to make referrals for certain services 4
under the Medicaid School Program. 5

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

Section 1. That sections 5162.01, 5162.36, 5162.361, and 6
5162.363 be amended and section 5162.366 of the Revised Code be 7
enacted to read as follows: 8

Sec. 5162.01. (A) As used in the Revised Code: 9

(1) "Medicaid" and "medicaid program" mean the program of 10
medical assistance established by Title XIX of the "Social 11
Security Act," 42 U.S.C. 1396 et seq., including any medical 12
assistance provided under the medicaid state plan or a federal 13
medicaid waiver granted by the United States secretary of health 14
and human services. 15

(2) "Medicare" and "medicare program" mean the federal health insurance program established by Title XVIII of the "Social Security Act," 42 U.S.C. 1395 et seq.

(B) As used in this chapter:

(1) "Dual eligible individual" has the same meaning as in section 5160.01 of the Revised Code.

(2) "Exchange" has the same meaning as in 45 C.F.R. 155.20.

(3) "Federal financial participation" has the same meaning as in section 5160.01 of the Revised Code.

(4) "Federal poverty line" means the official poverty line defined by the United States office of management and budget based on the most recent data available from the United States bureau of the census and revised by the United States secretary of health and human services pursuant to the "Omnibus Budget Reconciliation Act of 1981," section 673(2), 42 U.S.C. 9902(2).

(5) "Healthy start component" means the component of the medicaid program that covers pregnant women and children and is identified in rules adopted under section 5162.02 of the Revised Code as the healthy start component.

(6) "Home and community-based services" means services provided under a home and community-based services medicaid waiver component.

(7) "Home and community-based services medicaid waiver component" has the same meaning as in section 5166.01 of the Revised Code.

(8) "ICF/IID" has the same meaning as in section 5124.01 of the Revised Code.

(9) <u>"Individualized education program" has the same</u>	44
<u>meaning as in section 3323.011 of the Revised Code.</u>	45
(10) "Medicaid managed care organization" has the same	46
meaning as in section 5167.01 of the Revised Code.	47
(10) -(11) "Medicaid provider" has the same meaning as in	48
section 5164.01 of the Revised Code.	49
(11) -(12) "Medicaid services" has the same meaning as in	50
section 5164.01 of the Revised Code.	51
(12) -(13) "Medicaid waiver component" has the same meaning	52
as in section 5166.01 of the Revised Code;	53
(13) -(14) "Nursing facility" and "nursing facility	54
services" have the same meanings as in section 5165.01 of the	55
Revised Code.	56
(14) -(15) <u>"Ordering or referring only provider" means a</u>	57
<u>medicaid provider who orders, prescribes, refers, or certifies a</u>	58
<u>service or item reported on a claim for medicaid payment but</u>	59
<u>does not bill for medicaid services.</u>	60
(16) "Political subdivision" means a municipal	61
corporation, township, county, school district, or other body	62
corporate and politic responsible for governmental activities	63
only in a geographical area smaller than that of the state.	64
(15) -(17) "Prescribed drug" has the same meaning as in	65
section 5164.01 of the Revised Code.	66
(16) -(18) "Provider agreement" has the same meaning as in	67
section 5164.01 of the Revised Code.	68
(17) -(19) "Qualified medicaid school provider" means the	69
board of education of a city, local, or exempted village school	70

district, the governing authority of a community school 71
established under Chapter 3314. of the Revised Code, the state 72
school for the deaf, and the state school for the blind to which 73
both of the following apply: 74

(a) It holds a valid provider agreement. 75

(b) It meets all other conditions for participation in the 76
medicaid school component of the medicaid program established in 77
rules authorized by section 5162.364 of the Revised Code. 78

~~(18)~~ (20) "State agency" means every organized body, 79
office, or agency, other than the department of medicaid, 80
established by the laws of the state for the exercise of any 81
function of state government. 82

~~(19)~~ (21) "Vendor offset" means a reduction of a medicaid 83
payment to a medicaid provider to correct a previous, incorrect 84
medicaid payment to that provider. 85

Sec. 5162.36. The medicaid director shall create, in 86
accordance with sections 5162.36 to ~~5162.365~~ 5162.366 of the 87
Revised Code, the medicaid school component of the medicaid 88
program. 89

Sec. 5162.361. A qualified medicaid school provider 90
participating in the medicaid school component of the medicaid 91
program may submit a claim to the department of medicaid for 92
federal financial participation for providing, in schools, 93
services covered by the medicaid school component to medicaid 94
recipients who are eligible for the services. No qualified 95
medicaid school provider may submit such a claim before the 96
provider incurs the cost of providing the service. 97

The claim shall include certification of the qualified 98
medicaid school provider's expenditures for the service. The 99

certification shall show that the money the qualified medicaid 100
school provider used for the expenditures was nonfederal money 101
the provider may legally use for providing the service and that 102
the amount of the expenditures was sufficient to pay the full 103
cost of the service. 104

Except as otherwise provided in sections 5162.36 to 105
~~5162.365~~ 5162.366 of the Revised Code, a qualified medicaid 106
school provider is subject to all conditions of participation in 107
the medicaid program that generally apply to providers of goods 108
and services under the medicaid program, including conditions 109
regarding claims, audits, and recovery of overpayments. 110

Sec. 5162.363. The department of medicaid shall enter into 111
an interagency agreement with the department of education under 112
section 5162.35 of the Revised Code that provides for the 113
department of education to administer the medicaid school 114
component of the medicaid program other than the aspects of the 115
component that sections 5162.36 to ~~5162.365~~ 5162.366 of the 116
Revised Code require the department of medicaid to administer. 117
The interagency agreement may include a provision that provides 118
for the department of education to pay to the department of 119
medicaid the nonfederal share of a portion of the administrative 120
expenses the department of medicaid incurs in administering the 121
aspects of the component that the department of medicaid 122
administers. 123

To the extent authorized by rules authorized by section 124
5162.021 of the Revised Code, the department of education shall 125
adopt rules establishing a process by which qualified medicaid 126
school providers participating in the medicaid school component 127
pay to the department of education the nonfederal share of the 128
department's expenses incurred in administering the component. 129

The rules shall be adopted in accordance with Chapter 119. of 130
the Revised Code. 131

Sec. 5162.366. (A) Subject to division (B) of this section 132
and for the purpose of a medicaid recipient receiving, in 133
accordance with the recipient's individualized education 134
program, physical therapy services, occupational therapy 135
services, speech-language pathology services, or audiology 136
services under the medicaid school component of the medicaid 137
program: 138

(1) A physical therapist is a licensed practitioner of the 139
healing arts for the purpose of 42 C.F.R. 440.110(a)(1) and may 140
make a referral for physical therapy services for the recipient. 141

(2) An occupational therapist is a licensed practitioner 142
of the healing arts for the purpose of 42 C.F.R. 440.110(b)(1) 143
and may make a referral for occupational therapy services for 144
the recipient. 145

(3) A speech-language pathologist is a licensed 146
practitioner of the healing arts for the purpose of 42 C.F.R. 147
440.110(c)(1) and may make a referral for speech-language 148
pathology services for the recipient. 149

(4) An audiologist is a licensed practitioner of the 150
healing arts for the purpose of 42 C.F.R. 440.110(c)(1) and may 151
make a referral for audiology services for the recipient. 152

(B) To be able to make a referral for a service under this 153
section, a physical therapist, occupational therapist, speech- 154
language pathologist, or audiologist must have a provider 155
agreement. This does not preclude a physical therapist, 156
occupational therapist, speech-language pathologist, or 157
audiologist from being an ordering or referring only provider. 158

Section 2. That existing sections 5162.01, 5162.36,	159
5162.361, and 5162.363 of the Revised Code are hereby repealed.	160