

**As Introduced**

**131st General Assembly  
Regular Session  
2015-2016**

**S. B. No. 9**

**Senators Jones, Lehner  
Cosponsors: Senators Manning, Beagle**

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**A BILL**

To amend section 5164.01 and to enact sections 1  
3701.142, 3701.95, 5164.10, 5164.11, and 5167.15 2  
of the Revised Code regarding data collection on 3  
state-administered services provided in the home 4  
that are aimed at reducing infant mortality and 5  
negative birth outcomes or health disparities 6  
among women who are pregnant or capable of 7  
becoming pregnant and who belong to a racial or 8  
ethnic minority and Medicaid coverage of certain 9  
services for pregnant women, new mothers, or 10  
women who may become pregnant. 11

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

**Section 1.** That section 5164.01 be amended and sections 12  
3701.142, 3701.95, 5164.10, 5164.11, and 5167.15 of the Revised 13  
Code be enacted to read as follows: 14

**Sec. 3701.142.** (A) As used in this section: 15

(1) "Certified community health worker" has the same 16  
meaning as in section 4723.01 of the Revised Code. 17

(2) "Community health worker services" means the services 18

described in section 4723.81 of the Revised Code. 19

(B) In accordance with rules authorized by section 5164.10 20  
of the Revised Code, the director of health shall adopt rules 21  
specifying healthy behaviors to be promoted and facilitated by 22  
certified community health workers who provide community health 23  
worker services and other services covered by the medicaid 24  
program pursuant to that section. Before adopting the rules, the 25  
director shall consult with members of the Ohio perinatal 26  
quality collaborative or a successor organization. The director 27  
may consult with other health care organizations as the director 28  
determines to be appropriate. The rules shall be adopted in 29  
accordance with Chapter 119. of the Revised Code. 30

**Sec. 3701.95.** (A) As used in this section, "government 31  
program providing public benefits" has the same meaning as in 32  
section 191.01 of the Revised Code. 33

(B) The director of health shall identify each government 34  
program providing benefits, other than the help me grow program 35  
established by the department of health pursuant to section 36  
3701.61 of the Revised Code, that has the goals of reducing 37  
infant mortality and negative birth outcomes or disparities 38  
among women who are pregnant or capable of becoming pregnant and 39  
who belong to a racial or ethnic minority. A program shall be 40  
identified only if it provides education, training, and support 41  
services related to those goals to program participants in their 42  
homes. The director may consult with the Ohio partnership to 43  
build stronger families for assistance with identifying the 44  
programs. 45

(C) An administrator of a program identified under 46  
division (B) of this section shall report to the director data 47  
on program performance indicators that are used to assess 48

progress toward achieving program goals. The administrator shall 49  
report the data in the format and within the time frames 50  
specified in rules adopted under division (D) of this section. 51  
The director shall prepare an annual report on the data received 52  
from the administrators. 53

(D) In accordance with Chapter 119. of the Revised Code, 54  
the director shall adopt rules specifying program performance 55  
indicators on which data must be reported by the administrators 56  
described in division (C) of this section. To the extent 57  
possible, the program performance indicators specified in the 58  
rules shall be consistent with federal reporting requirements 59  
for federally funded home visiting services. 60

**Sec. 5164.01.** As used in this chapter: 61

(A) "Certified community health worker" has the same 62  
meaning as in section 4723.01 of the Revised Code. 63

(B) "Community health worker services" means the services 64  
described in section 4723.81 of the Revised Code. 65

(C) "Early and periodic screening, diagnostic, and 66  
treatment services" has the same meaning as in the "Social 67  
Security Act," section 1905(r), 42 U.S.C. 1396d(r). 68

~~(B)~~-(D) "Federal financial participation" has the same 69  
meaning as in section 5160.01 of the Revised Code. 70

~~(C)~~-(E) "Healthcheck" means the component of the medicaid 71  
program that provides early and periodic screening, diagnostic, 72  
and treatment services. 73

~~(D)~~-(F) "Help me grow program" means the program 74  
established by the department of health pursuant to section 75  
3701.61 of the Revised Code. 76

<u>(G)</u> "Home and community-based services medicaid waiver component" has the same meaning as in section 5166.01 of the Revised Code.	77 78 79
<del>(E)</del> <u>(H)</u> "Hospital" has the same meaning as in section 3727.01 of the Revised Code.	80 81
<del>(F)</del> <u>(I)</u> "ICDS participant" means a dual eligible individual who participates in the integrated care delivery system.	82 83 84
<del>(G)</del> <u>(J)</u> "ICF/IID" has the same meaning as in section 5124.01 of the Revised Code.	85 86
<del>(H)</del> <u>(K)</u> "Integrated care delivery system" and "ICDS" mean the demonstration project authorized by section 5164.91 of the Revised Code.	87 88 89
<del>(I)</del> <u>(L)</u> "Mandatory services" means the health care services and items that must be covered by the medicaid state plan as a condition of the state receiving federal financial participation for the medicaid program.	90 91 92 93
<del>(J)</del> <u>(M)</u> "Medicaid managed care organization" has the same meaning as in section 5167.01 of the Revised Code.	94 95
<del>(K)</del> <u>(N)</u> "Medicaid provider" means a person or government entity with a valid provider agreement to provide medicaid services to medicaid recipients. To the extent appropriate in the context, "medicaid provider" includes a person or government entity applying for a provider agreement, a former medicaid provider, or both.	96 97 98 99 100 101
<del>(L)</del> <u>(O)</u> "Medicaid services" means either or both of the following:	102 103
(1) Mandatory services;	104

(2) Optional services that the medicaid program covers.	105
<del>(M)</del> <u>(P)</u> "Nursing facility" has the same meaning as in section 5165.01 of the Revised Code.	106 107
<del>(N)</del> <u>(Q)</u> "Optional services" means the health care services and items that may be covered by the medicaid state plan or a federal medicaid waiver and for which the medicaid program receives federal financial participation.	108 109 110 111
<del>(O)</del> <u>(R)</u> "Prescribed drug" has the same meaning as in 42 C.F.R. 440.120.	112 113
<del>(P)</del> <u>(S)</u> "Provider agreement" means an agreement to which all of the following apply:	114 115
(1) It is between a medicaid provider and the department of medicaid;	116 117
(2) It provides for the medicaid provider to provide medicaid services to medicaid recipients;	118 119
(3) It complies with 42 C.F.R. 431.107(b).	120
<del>(Q)</del> <u>(T)</u> "Targeted case management services" has the same meaning as in 42 C.F.R. 440.169(b).	121 122
<u>(U)</u> "Terminal distributor of dangerous drugs" has the same meaning as in section 4729.01 of the Revised Code.	123 124
<u>Sec. 5164.10. (A) As used in this section, "community hub" means a community-based agency that, using the pathways community HUB model developed by the community health access project in this state, coordinates two or more care coordination agencies and assures that the agencies utilize pathways to connect at-risk individuals to physical health, behavioral health, social, and employment services.</u>	125 126 127 128 129 130 131

(B) (1) Subject to division (B) (2) of this section, the 132  
medicaid program shall cover both of the following types of 133  
services provided by a certified community health worker to a 134  
medicaid recipient who is pregnant or capable of becoming 135  
pregnant and who has been recommended to receive the services by 136  
a physician or another licensed health professional specified in 137  
rules authorized by division (D) of this section: 138

(a) Community health worker services; 139

(b) Other services that are not community health worker 140  
services but are performed for the purpose of ensuring that the 141  
medicaid recipient is linked to employment services, housing, 142  
educational services, social services, or medically necessary 143  
physical and behavioral health services. 144

(2) To be covered by the medicaid program, the services 145  
described in division (B) (1) of this section must promote and 146  
facilitate healthy behaviors, specified by the director of 147  
health in rules adopted under section 3701.142 of the Revised 148  
Code, across the following life course stages: preconception, 149  
prenatal, postpartum, and interconception. 150

(C) Only the following may enter into a provider agreement 151  
with the department of medicaid to provide the services 152  
described in division (B) of this section: 153

(1) A certified community health worker; 154

(2) A community hub that employs or contracts with 155  
certified community health workers; 156

(3) A patient centered medical home that employs or 157  
contracts with certified community health workers. 158

(D) The medicaid director shall adopt rules under section 159

5164.02 of the Revised Code specifying the licensed health professionals, in addition to physicians, who may recommend that a medicaid recipient receive the services covered under this section. The rules also shall authorize the director of health to adopt rules under section 3701.142 of the Revised Code regarding the promotion and facilitation of health behaviors. 160  
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**Sec. 5164.11.** (A) The medicaid program shall cover both of the following services for a medicaid recipient who is enrolled in the help me grow program and is either pregnant or the birth mother of an infant or toddler under three years of age: 166  
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(1) Home visits, which shall include depression screenings, for which federal financial participation is available under the targeted case management benefit; 170  
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(2) Cognitive behavioral therapy determined to be medically necessary through a depression screening conducted as part of a home visit. 173  
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(B) If requested by a medicaid recipient eligible for the cognitive behavioral therapy covered under division (A) (2) of this section, the therapy shall be provided in the recipient's home. The department of medicaid shall inform the medicaid recipient of the right to make the request and how to make it. 176  
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**Sec. 5167.15.** (A) A medicaid managed care organization shall provide to a medicaid recipient, or arrange for a medicaid recipient to receive, both of the following, as applicable: 181  
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(1) The community health worker services and other services the recipient would receive pursuant to section 5164.10 of the Revised Code if the recipient were not enrolled in the medicaid managed care organization; 184  
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(2) The home visits and cognitive behavioral therapy the 188

recipient would receive pursuant to section 5164.11 of the 189  
Revised Code if the recipient were not enrolled in the medicaid 190  
managed care organization. 191

(B) Any provider who may enter into a provider agreement 192  
to provide a service the medicaid program covers pursuant to 193  
section 5164.10 or 5164.11 of the Revised Code may contract with 194  
a medicaid managed care organization to provide the service to 195  
medicaid recipients enrolled in the medicaid managed care 196  
organization. 197

**Section 2.** That existing section 5164.01 of the Revised 198  
Code is hereby repealed. 199