

**As Passed by the House**

**126th General Assembly**

**Regular Session**

**2005-2006**

**Am. Sub. S. B. No. 87**

**Senators Wachtmann, Hagan, Gardner, Mumper, Clancy, Amstutz, Austria,  
Carey, Niehaus, Padgett, Schuring, Jordan, Harris, Zurz, Schuler,  
Armbruster, Brady, Cates, Coughlin, Dann, Fedor, Fingerhut, Goodman,  
Grendell, Hottinger, Jacobson, Mallory, Miller, Prentiss, Roberts, Spada,  
Wilson**

**Representatives Raussen, Barrett, Beatty, Brown, Martin, Smith, G., Combs,  
Smith, S., Schneider, Mason, Allen, Blessing, Buehrer, Cassell, Collier,  
DeBose, DeGeeter, Distel, Domenick, Evans, C., Fende, Flowers, Garrison,  
Gilb, Hagan, Harwood, Healy, Hoops, Hughes, Key, Koziura, Latta, Otterman,  
Patton, T., Reidelbach, Sayre, Seitz, Setzer, Stewart, D., Ujvagi, Wagoner,  
Webster, Willamowski, Yuko**

**—**

**A B I L L**

To amend sections 3721.011, 3721.04, 4766.09, 1  
4766.14, 5111.971, 5126.15, and 5126.20 and to 2  
enact section 5126.201 of the Revised Code and to 3  
amend Section 206.66.53 of Am. Sub. H.B. 66 of the 4  
126th General Assembly regarding the provision of 5  
hospice care in residential care facilities and 6  
the addition of four legislators as non-voting 7  
members of the Medicaid Administrative Study 8  
Council, regarding the Medicaid voucher pilot 9  
program, to exempt certain entities from the 10  
Medical Transportation Law, to establish minimum 11  
requirements to be a conditional status service 12  
and support administrator, and to make a change 13  
regarding who can supervise conditional status 14

service and support administrators. 15

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

**Section 1.** That sections 3721.011, 3721.04, 4766.09, 4766.14, 16  
5111.971, 5126.15, and 5126.20 be amended and section 5126.201 of 17  
the Revised Code be enacted to read as follows: 18

**Sec. 3721.011.** (A) In addition to providing accommodations, 19  
supervision, and personal care services to its residents, a 20  
residential care facility may provide skilled nursing care to its 21  
residents as follows: 22

(1) Supervision of special diets; 23

(2) Application of dressings, in accordance with rules 24  
adopted under section 3721.04 of the Revised Code; 25

(3) ~~Providing for the~~ Subject to division (B)(1) of this 26  
section, administration of medication ~~to residents, to the extent~~ 27  
~~authorized under division (B)(1) of this section;~~ 28

(4) ~~Other~~ Subject to division (C) of this section, other 29  
skilled nursing care provided on a part-time, intermittent basis 30  
~~pursuant to division (C) of this section~~ for not more than a total 31  
of one hundred twenty days in a twelve-month period; 32

(5) Subject to division (D) of this section, skilled nursing 33  
care provided for more than one hundred twenty days in a 34  
twelve-month period to a hospice patient, as defined in section 35  
3712.01 of the Revised Code. 36

A residential care facility may not admit or retain an 37  
individual requiring skilled nursing care that is not authorized 38  
by this section. A residential care facility may not provide 39  
skilled nursing care beyond the limits established by this 40  
section. 41

(B)(1) A residential care facility may admit or retain an individual requiring medication, including biologicals, only if the individual's personal physician has determined in writing that the individual is capable of self-administering the medication or the facility provides for the medication to be administered to the individual by a home health agency certified under Title XVIII of the "Social Security Act," ~~49~~ 79 Stat. 620 (~~1935~~ 1965), U.S.C.A. ~~301~~ 1395, as amended; a hospice care program licensed under Chapter 3712. of the Revised Code; or a member of the staff of the residential care facility who is qualified to perform medication administration. Medication may be administered in a residential care facility only by the following persons authorized by law to administer medication:

(a) A registered nurse licensed under Chapter 4723. of the Revised Code;

(b) A licensed practical nurse licensed under Chapter 4723. of the Revised Code who holds proof of successful completion of a course in medication administration approved by the board of nursing and who administers the medication only at the direction of a registered nurse or a physician authorized under Chapter 4731. of the Revised Code to practice medicine and surgery or osteopathic medicine and surgery;

(c) A medication aide certified under Chapter 4723. of the Revised Code;

(d) A physician authorized under Chapter 4731. of the Revised Code to practice medicine and surgery or osteopathic medicine and surgery.

(2) In assisting a resident with self-administration of medication, any member of the staff of a residential care facility may do the following:

(a) Remind a resident when to take medication and watch to

ensure that the resident follows the directions on the container; 73

(b) Assist a resident by taking the medication from the 74  
locked area where it is stored, in accordance with rules adopted 75  
pursuant to section 3721.04 of the Revised Code, and handing it to 76  
the resident. If the resident is physically unable to open the 77  
container, a staff member may open the container for the resident. 78

(c) Assist a physically impaired but mentally alert resident, 79  
such as a resident with arthritis, cerebral palsy, or Parkinson's 80  
disease, in removing oral or topical medication from containers 81  
and in consuming or applying the medication, upon request by or 82  
with the consent of the resident. If a resident is physically 83  
unable to place a dose of medicine to the resident's mouth without 84  
spilling it, a staff member may place the dose in a container and 85  
place the container to the mouth of the resident. 86

(C) A residential care facility may admit or retain 87  
individuals who require skilled nursing care beyond the 88  
supervision of special diets, application of dressings, or 89  
administration of medication, only if the care will be provided on 90  
a part-time, intermittent basis for not more than a total of one 91  
hundred twenty days in any twelve-month period. In accordance with 92  
Chapter 119. of the Revised Code, the public health council shall 93  
adopt rules specifying what constitutes the need for skilled 94  
nursing care on a part-time, intermittent basis. The council shall 95  
adopt rules that are consistent with rules pertaining to home 96  
health care adopted by the director of job and family services for 97  
the medical assistance program established under Chapter 5111. of 98  
the Revised Code. Skilled nursing care provided pursuant to this 99  
division may be provided by a home health agency certified under 100  
Title XVIII of the "Social Security Act," ~~49 Stat. 620 (1935), 42~~ 101  
~~U.S.C.A. 301, as amended,~~ a hospice care program licensed under 102  
Chapter 3712. of the Revised Code, or a member of the staff of a 103  
residential care facility who is qualified to perform skilled 104

nursing care. 105

A residential care facility that provides skilled nursing care pursuant to this division shall do both of the following: 106

(1) Evaluate each resident receiving the skilled nursing care at least once every seven days to determine whether the resident should be transferred to a nursing home; 108

(2) Meet the skilled nursing care needs of each resident receiving the care. 112

(D) A residential care facility may admit or retain a hospice patient who requires skilled nursing care for more than one hundred twenty days in any twelve-month period only if the facility has entered into a written agreement with a hospice care program licensed under Chapter 3712. of the Revised Code. The agreement between the residential care facility and hospice program shall include all of the following provisions: 113

(1) That the hospice patient will be provided skilled nursing care in the facility only if a determination has been made that the patient's needs can be met at the facility; 120

(2) That the hospice patient will be retained in the facility only if periodic redeterminations are made that the patient's needs are being met at the facility; 123

(3) That the redeterminations will be made according to a schedule specified in the agreement; 126

(4) That the hospice patient has been given an opportunity to choose the hospice care program that best meets the patient's needs. 128

(E) Notwithstanding any other provision of this chapter, a residential care facility in which residents receive skilled nursing care pursuant to this section is not a nursing home. 131

**Sec. 3721.04.** (A) The public health council shall adopt and 134  
publish rules governing the operation of homes, which shall have 135  
uniform application throughout the state, and shall prescribe 136  
standards for homes with respect to, but not limited to, the 137  
following matters: 138

(1) The minimum space requirements for occupants and 139  
equipping of the buildings in which homes are housed so as to 140  
ensure healthful, safe, sanitary, and comfortable conditions for 141  
all residents, so long as they are not inconsistent with Chapters 142  
3781. and 3791. of the Revised Code or with any rules adopted by 143  
the board of building standards and by the state fire marshal; 144

(2) The number and qualifications of personnel, including 145  
management and nursing staff, for each class of home, and the 146  
qualifications of nurse aides, as defined in section 3721.21 of 147  
the Revised Code, used by long-term care facilities, as defined in 148  
that section; 149

(3) The medical, rehabilitative, and recreational services to 150  
be provided by each class of home; 151

(4) Dietetic services, including but not limited to 152  
sanitation, nutritional adequacy, and palatability of food; 153

(5) The personal and social services to be provided by each 154  
class of home; 155

(6) The business and accounting practices to be followed and 156  
the type of patient and business records to be kept by such homes; 157

(7) The operation of adult day-care programs provided by and 158  
on the same site as homes licensed under this chapter; 159

(8) The standards and procedures to be followed by 160  
residential care facilities in admitting and retaining a resident 161  
who requires the application of dressings, including requirements 162  
for charting and evaluating on a weekly basis; 163

(9) The requirements for conducting weekly evaluations of residents receiving skilled nursing care in residential care facilities. 164  
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(B) The public health council may adopt whatever additional rules are necessary to carry out or enforce the provisions of sections 3721.01 to 3721.09 and 3721.99 of the Revised Code. 167  
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(C) The following apply to the public health council when adopting rules under division (A)(2) of this section regarding the number and qualifications of personnel in homes: 170  
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(1) When adopting rules applicable to residential care facilities, the public health council shall take into consideration the effect that the provision following may have on the number of personnel needed: 173  
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(a) Provision of personal care services and; 177

(b) Provision of part-time, intermittent skilled nursing care pursuant to division (C) of section 3721.011 of the Revised Code may have on the number of personnel needed; 178  
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(c) Provision of skilled nursing care to hospice patients pursuant to division (D) of section 3721.011 of the Revised Code. 181  
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(2) The rules prescribing qualifications of nurse aides used by long-term care facilities, as those terms are defined in section 3721.21 of the Revised Code, shall be no less stringent than the requirements, guidelines, and procedures established by the United States secretary of health and human services under sections 1819 and 1919 of the "Social Security Act," 49 Stat. 620 (1935), 42 U.S.C.A. 301, as amended. 183  
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**Sec. 4766.09.** ~~(A)~~ This chapter does not apply to any of the following: 190  
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~~(1)(A)~~ A person rendering services with an ambulance in the 192

event of a disaster situation when licensees' vehicles based in 193  
the locality of the disaster situation are incapacitated or 194  
insufficient in number to render the services needed; 195

~~(2)~~(B) Any person operating an ambulance, ambulette, 196  
rotorcraft air ambulance, or fixed wing air ambulance outside this 197  
state unless receiving a person within this state for transport to 198  
a location within this state; 199

~~(3)~~(C) A publicly owned or operated emergency medical service 200  
organization and the vehicles it owns or leases and operates, 201  
except as provided in section 307.051, division (G) of section 202  
307.055, division (F) of section 505.37, division (B) of section 203  
505.375, and division (B)(3) of section 505.72 of the Revised 204  
Code; 205

~~(4)~~(D) An ambulance, ambulette, rotorcraft air ambulance, 206  
fixed wing air ambulance, or nontransport vehicle owned or leased 207  
and operated by the federal government; 208

~~(5)~~(E) A publicly owned and operated fire department vehicle; 209

~~(6)~~(F) Emergency vehicles owned by a corporation and 210  
operating only on the corporation's premises, for the sole use by 211  
that corporation; 212

~~(7)~~(G) An ambulance, nontransport vehicle, or other emergency 213  
medical service organization vehicle owned and operated by a 214  
municipal corporation; 215

~~(8)~~(H) A motor vehicle titled in the name of a volunteer 216  
rescue service organization, as defined in section 4503.172 of the 217  
Revised Code; 218

~~(9)~~(I) A public emergency medical service organization; 219

~~(10)~~(J) A fire department, rescue squad, or life squad 220  
comprised of volunteers who provide services without expectation 221  
of remuneration and do not receive payment for services other than 222

reimbursement for expenses;	223
<del>(11)(K)</del> A private, nonprofit emergency medical service organization when fifty per cent or more of its personnel are volunteers, as defined in section 4765.01 of the Revised Code;	224 225 226
<del>(12)(L)</del> Emergency medical service personnel who are regulated by the state board of emergency medical services under Chapter 4765. of the Revised Code;	227 228 229
<del>(13) A(M)</del> <u>Any of the following that operates a transit bus, as that term is defined in division (O) of section 5735.01 of the Revised Code, unless the entity provides ambulette services that are reimbursed under the state medicaid plan:</u>	230 231 232 233
<u>(1) A public nonemergency medical service organization</u>	234
<del>(B) Except for the requirements specified in section 4766.14 of the Revised Code, this chapter does not apply to an ambulette service provider operating under standards adopted by rule by the department of aging, but only during the period of time on any day that the provider is solely serving the department or the department's designee. This chapter applies to an ambulette service provider at any time that the ambulette service provider is not solely serving the department or the department's designee;</del>	235 236 237 238 239 240 241 242
<u>(2) An urban or rural public transit system;</u>	243
<u>(3) A private nonprofit organization that receives grants under section 5501.07 of the Revised Code.</u>	244 245
<u>(N) An entity or vehicle owned by an entity that is certified by the department of aging or the department's designee under section 173.391 of the Revised Code and meets the requirements of section 4766.14 of the Revised Code, unless the entity or vehicle provides ambulette services that are reimbursed under the state medicaid plan;</u>	246 247 248 249 250 251
<u>(O) A vehicle that meets both of the following criteria,</u>	252

unless the vehicle provides services that are reimbursed under the 253  
state medicaid plan: 254

(1) The vehicle was purchased with funds from a grant made by 255  
the United States secretary of transportation under 49 U.S.C. 256  
5310; 257

(2) The department of transportation holds a lien on the 258  
vehicle. 259

**Sec. 4766.14.** (A) An ambulette service provider described in 260  
division ~~(B)~~(M) or (N) of section 4766.09 of the Revised Code or 261  
the entity responsible for a vehicle described in division (O) of 262  
section 4766.09 of the Revised Code that provides ambulette 263  
services shall do all of the following: 264

(1) Make available to all its ambulette drivers while 265  
operating ambulette vehicles a means of two-way communication 266  
using either ambulette vehicle radios or cellular telephones; 267

(2) Equip every ambulette vehicle with one isolation and 268  
biohazard disposal kit that is permanently installed or secured in 269  
the vehicle's cabin; 270

(3) Before hiring an applicant for employment as an ambulette 271  
driver, obtain all of the following: 272

(a) A valid copy of a signed statement from a licensed 273  
physician acting within the scope of the physician's practice 274  
declaring that the applicant does not have a medical condition or 275  
physical condition, including vision impairment that cannot be 276  
corrected, that could interfere with safe driving, passenger 277  
assistance, and emergency treatment activity or could jeopardize 278  
the health and welfare of a client or the general public; 279

(b) All of the certificates and results required under 280  
divisions (A)(2), (3), and (4) of section 4766.15 of the Revised 281  
Code. 282

(B) No ambulette service provider described in division 283  
~~(B)~~(M) or the (N) of section 4766.09 of the Revised Code or entity 284  
responsible for a vehicle described in division (O) of section 285  
4766.09 of the Revised Code that provides ambulette services shall 286  
employ an applicant as an ambulette driver if the applicant has 287  
six or more points on the applicant's driving record pursuant to 288  
section 4510.036 of the Revised Code. 289

(C) ~~The~~ (1) Except as provided in division (C)(2) of this 290  
section, the department of aging shall administer and enforce this 291  
section. 292

(2) The department of transportation shall administer and 293  
enforce this section as it applies to entities described in 294  
division (M) of section 4766.09 of the Revised Code. 295

**Sec. 5111.971.** (A) As used in this section, "long-term care 296  
medicaid waiver component" means any of the following: 297

(1) The PASSPORT program created under section 173.40 of the 298  
Revised Code; 299

(2) The medicaid waiver component called the choices program 300  
that the department of aging administers; 301

(3) A medicaid waiver component that the department of job 302  
and family services administers. 303

(B) The director of job and family services shall submit a 304  
request to the United States secretary of health and human 305  
services for a waiver of federal medicaid requirements that would 306  
be otherwise violated in the creation of a pilot program under 307  
which not more than two hundred individuals who meet the pilot 308  
program's eligibility requirements specified in division (D) of 309  
this section receive a spending authorization to pay for the cost 310  
of medically necessary ~~health care~~ home and community-based 311  
services that the pilot program covers. The spending authorization 312

shall be in an amount not exceeding seventy per cent of the 313  
average cost under the medicaid program for providing nursing 314  
facility services to an individual. An individual participating in 315  
the pilot program shall also receive necessary support services, 316  
including fiscal intermediary and other case management services, 317  
that the pilot program covers. 318

(C) If the United States secretary of health and human 319  
services approves the waiver submitted under division (B) of this 320  
section, the department of job and family services shall enter 321  
into a contract with the department of aging under section 5111.91 322  
of the Revised Code that provides for the department of aging to 323  
administer the pilot program that the waiver authorizes. 324

(D) To be eligible to participate in the pilot program 325  
created under division (B) of this section, an individual must 326  
meet all of the following requirements: 327

(1) Need an intermediate level of care as determined under 328  
rule 5101:3-3-06 of the Administrative Code or a skilled level of 329  
care as determined under rule 5101:3-3-05 of the Administrative 330  
Code; 331

(2) At the time the individual applies to participate in the 332  
pilot program, be one of the following: 333

(a) A nursing facility resident ~~who is seeking to move to a~~ 334  
~~residential care facility or county or district home and~~ who would 335  
remain in a nursing facility if not for the pilot program; 336

(b) A participant of any long-term care medicaid waiver 337  
component who would move to a nursing facility if not for the 338  
pilot program. 339

(3) Meet all other eligibility requirements for the pilot 340  
program established in rules adopted under section 5111.85 of the 341  
Revised Code. 342

(E) The director of job and family services may adopt rules 343  
under section 5111.85 of the Revised Code as the director 344  
considers necessary to implement the pilot program created under 345  
division (B) of this section. The director of aging may adopt 346  
rules under Chapter 119. of the Revised Code as the director 347  
considers necessary for the pilot program's implementation. The 348  
rules may establish a list of medicaid-covered services not 349  
covered by the pilot program that an individual participating in 350  
the pilot program may not receive if the individual also receives 351  
medicaid-covered services outside of the pilot program. 352

**Sec. 5126.15.** (A) A county board of mental retardation and 353  
developmental disabilities shall provide service and support 354  
administration to each individual three years of age or older who 355  
is eligible for service and support administration if the 356  
individual requests, or a person on the individual's behalf 357  
requests, service and support administration. A board shall 358  
provide service and support administration to each individual 359  
receiving home and community-based services. A board may provide, 360  
in accordance with the service coordination requirements of 34 361  
C.F.R. 303.23, service and support administration to an individual 362  
under three years of age eligible for early intervention services 363  
under 34 C.F.R. part 303. A board may provide service and support 364  
administration to an individual who is not eligible for other 365  
services of the board. Service and support administration shall be 366  
provided in accordance with rules adopted under section 5126.08 of 367  
the Revised Code. 368

A board may provide service and support administration by 369  
directly employing service and support administrators or by 370  
contracting with entities for the performance of service and 371  
support administration. Individuals employed or under contract as 372  
service and support administrators shall not be in the same 373

collective bargaining unit as employees who perform duties that 374  
are not administrative. 375

Individuals employed by a board as service and support 376  
administrators shall not be assigned responsibilities for 377  
implementing other services for individuals and shall not be 378  
employed by or serve in a decision-making or policy-making 379  
capacity for any other entity that provides programs or services 380  
to individuals with mental retardation or developmental 381  
disabilities. An individual employed as a conditional status 382  
service and support administrator shall perform the duties of 383  
service and support administration only under the supervision of a 384  
management employee who is a service and support administration 385  
supervisor ~~or a professional employee who is a service and support~~ 386  
~~administrator.~~ 387

(B) The individuals employed by or under contract with a 388  
board to provide service and support administration shall do all 389  
of the following: 390

(1) Establish an individual's eligibility for the services of 391  
the county board of mental retardation and developmental 392  
disabilities; 393

(2) Assess individual needs for services; 394

(3) Develop individual service plans with the active 395  
participation of the individual to be served, other persons 396  
selected by the individual, and, when applicable, the provider 397  
selected by the individual, and recommend the plans for approval 398  
by the department of mental retardation and developmental 399  
disabilities when services included in the plans are funded 400  
through medicaid; 401

(4) Establish budgets for services based on the individual's 402  
assessed needs and preferred ways of meeting those needs; 403

(5) Assist individuals in making selections from among the providers they have chosen;	404 405
(6) Ensure that services are effectively coordinated and provided by appropriate providers;	406 407
(7) Establish and implement an ongoing system of monitoring the implementation of individual service plans to achieve consistent implementation and the desired outcomes for the individual;	408 409 410 411
(8) Perform quality assurance reviews as a distinct function of service and support administration;	412 413
(9) Incorporate the results of quality assurance reviews and identified trends and patterns of unusual incidents and major unusual incidents into amendments of an individual's service plan for the purpose of improving and enhancing the quality and appropriateness of services rendered to the individual;	414 415 416 417 418
(10) Ensure that each individual receiving services has a designated person who is responsible on a continuing basis for providing the individual with representation, advocacy, advice, and assistance related to the day-to-day coordination of services in accordance with the individual's service plan. The service and support administrator shall give the individual receiving services an opportunity to designate the person to provide daily representation. If the individual declines to make a designation, the administrator shall make the designation. In either case, the individual receiving services may change at any time the person designated to provide daily representation.	419 420 421 422 423 424 425 426 427 428 429
(C) Subject to available funds, the department of mental retardation and developmental disabilities shall pay a county board an annual subsidy for service and support administration. The amount of the subsidy shall be equal to the greater of twenty thousand dollars or two hundred dollars times the board's	430 431 432 433 434

certified average daily membership. The payments shall be made in  
quarterly installments of equal amounts, which shall be made no  
later than the thirtieth day of September, the thirty-first day of  
December, the thirty-first day of March, and the thirtieth day of  
June. Funds received shall be used solely for service and support  
administration.

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**Sec. 5126.20.** As used in this section and sections 5126.21 to  
5126.29 of the Revised Code:

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(A) "Service employee" means a person employed by a county  
board of mental retardation and developmental disabilities in a  
position which may require evidence of registration under section  
5126.25 of the Revised Code but for which a bachelor's degree from  
an accredited college or university is not required, and includes  
employees in the positions listed in division (C) of section  
5126.22 of the Revised Code.

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(B)(1) "Professional employee" means a both of the following:

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(a) A person employed by a board in a position for which  
either a bachelor's degree from an accredited college or  
university or a license or certificate issued under Title XLVII of  
the Revised Code is a minimum requirement, ~~except in the case of a~~  
~~person employed as a conditional status service and support~~  
~~administrator for which an appropriate associate degree is the~~  
~~minimum requirement, and;~~

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(b) A person employed by a board as a conditional status  
service and support administrator.

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(2) "Professional employee" includes employees in the  
positions listed in division (B) of section 5126.22 of the Revised  
Code.

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(C) "Management employee" means a person employed by a board  
in a position having supervisory or managerial responsibilities

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and duties, and includes employees in the positions listed in 465  
division (A) of section 5126.22 of the Revised Code. 466

(D) "Limited contract" means a contract of limited duration 467  
which is renewable at the discretion of the superintendent. 468

(E) "Continuing contract" means a contract of employment that 469  
was issued prior to June 24, 1988, to a classified employee under 470  
which the employee has completed the employee's probationary 471  
period and under which the employee retains employment until the 472  
employee retires or resigns, is removed pursuant to section 473  
5126.23 of the Revised Code, or is laid off. 474

(F) "Supervisory responsibilities and duties" includes the 475  
authority to hire, transfer, suspend, lay off, recall, promote, 476  
discharge, assign, reward, or discipline other employees of the 477  
board; to responsibly direct them; to adjust their grievances; or 478  
to effectively recommend such action, if the exercise of that 479  
authority is not of a merely routine or clerical nature but 480  
requires the use of independent judgment. 481

(G) "Managerial responsibilities and duties" includes 482  
formulating policy on behalf of the board, responsibly directing 483  
the implementation of policy, assisting in the preparation for the 484  
conduct of collective negotiations, administering collectively 485  
negotiated agreements, or having a major role in personnel 486  
administration. 487

(H) "Investigative agent" means an individual who conducts 488  
investigations under section 5126.313 of the Revised Code. 489

Sec. 5126.201. A person may be employed by a county board of 490  
mental retardation and developmental disabilities as a conditional 491  
status service and support administrator only if either of the 492  
following is true: 493

(A) The person has at least an appropriate associate degree; 494

<u>(B) The person meets both of the following requirements:</u>	495
<u>(1) The person was employed by the county board and performed service and support administration duties on June 30, 2005;</u>	496 497
<u>(2) The person holds a high school diploma or a general educational development certificate of high school equivalence.</u>	498 499
<b>Section 2.</b> That existing sections 3721.011, 3721.04, 4766.09, 4766.14, 5111.971, 5126.15, and 5126.20 of the Revised Code are hereby repealed.	500 501 502
<b>Section 3.</b> That Section 206.66.53 of Am. Sub. H.B. 66 of the 126th General Assembly be amended to read as follows:	503 504
<b>Sec. 206.66.53.</b> MEDICAID ADMINISTRATIVE STUDY COUNCIL	505
(A) There is hereby created the Medicaid Administrative Study Council composed of the following:	506 507
(1) One member of the Ohio Commission to Reform Medicaid, appointed by the Governor;	508 509
(2) One member of the staff of the Governor's office, appointed by the Governor;	510 511
(3) One individual with expertise in health-care finance, appointed by the Governor;	512 513
(4) One individual with expertise in health-care management, appointed by the Governor;	514 515
(5) One individual with expertise in health-care information technology, appointed by the Governor;	516 517
(6) One individual with expertise in health insurance, appointed by the Governor;	518 519
(7) One individual with expertise in health care quality assurance, appointed by the Governor;	520 521

(8) Two individuals with expertise in organizational change representing the business community, one appointed by the President of the Senate and one appointed by the Speaker of the House of Representatives;	522 523 524 525
(9) The Director of Budget and Management or the Director's designee;	526 527
(10) The State Chief Information Officer or the Officer's designee;	528 529
(11) The Administrator of Workers' Compensation or the Administrator's designee;	530 531
(12) The following non-voting members:	532
(a) The Director of Job and Family Services or the Director's designee;	533 534
(b) The Director of Aging or the Director's designee;	535
(c) The Director of Drug and Alcohol Addiction Services or the Director's designee;	536 537
(d) The Director of Health or the Director's designee;	538
(e) The Director of Mental Health or the Director's designee;	539
(f) The Director of Mental Retardation and Developmental Disabilities or the Director's designee;	540 541
<u>(g) Two members of the House of Representatives, one from each of the political parties in the House, and both appointed by the Speaker of the House;</u>	542 543 544
<u>(h) Two members of the Senate, one from each of the political parties in the Senate, and both appointed by the President of the Senate.</u>	545 546 547
(B) The Governor shall appoint a member of the Council to serve as the chairperson of the Council.	548 549

(C) The Council shall study the administration of the 550  
Medicaid program. In conducting the study, the Council shall 551  
operate under the assumption that the General Assembly will enact 552  
by July 1, 2007, a law establishing a new cabinet level department 553  
to administer the program. The Council shall examine and consider 554  
all of the following as part of the study: 555

(1) Structuring the program's administration in a manner that 556  
optimizes the program's fiscal and operational objectives; 557

(2) Centralizing financing and information technology 558  
functions to coordinate the new department's activities with other 559  
state agencies, if any, that assist in the program's 560  
administration; 561

(3) Creating a unified budget for Medicaid-funded long-term 562  
care services; 563

(4) The fiscal and operating impact that a new administrative 564  
structure for the program would have on the Department of Job and 565  
Family Services and other state agencies that currently assist in 566  
the program's administration; 567

(5) The role of government entities that administer the 568  
Medicaid program on the local level and the fiscal and operating 569  
impact that a new administrative structure for the program would 570  
have on those entities; 571

(6) The recommendations of the Ohio Commission to Reform 572  
Medicaid. 573

(D) Beginning ninety days after ~~the effective date of this~~ 574  
~~section~~ June 30, 2005, the Council shall submit written, quarterly 575  
reports on the Council's progress to the Governor, the President 576  
of the Senate, and the Speaker of the House of Representatives. 577  
The Council shall submit a final written report of its study to 578  
the Governor, the President of the Senate, and the Speaker of the 579

House of Representatives not later than December 31, 2006. The 580  
final report shall include all of the following: 581

(1) Recommendations regarding the scope and structure of the 582  
new department; 583

(2) A business plan that directs the transition of the 584  
Medicaid program's administration from the Department of Job and 585  
Family Services and the other state agencies that assist the 586  
Department to the new department and addresses the transition's 587  
fiscal and operational impact; 588

(3) Identification of the resources needed to implement the 589  
business plan. 590

(E) The Council may hire staff, enter into contracts, and 591  
take other actions the Council deems necessary to fulfill its 592  
duties. 593

**Section 4.** That existing Section 206.66.53 of Am. Sub. H.B. 594  
66 of the 126th General Assembly is hereby repealed. 595