



## Ohio Revised Code

### Section 3701.021 Director of health to adopt rules.

Effective: July 4, 2023

Legislation: House Bill 33

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(A) The director of health shall adopt, in accordance with Chapter 119. of the Revised Code, such rules as are necessary to carry out sections 3701.021 to 3701.0210 of the Revised Code, including, but not limited to, rules to establish the following:

(1) Subject to division (D) of this section, medical and financial eligibility requirements for the program for children and youth with special health care needs;

(2) Subject to division (C) of this section, eligibility requirements for providers who provide goods and services for the program for children and youth with special health care needs;

(3) Procedures to be followed by the department of health in disqualifying providers for violating requirements adopted under division (A)(2) of this section;

(4) Procedures to be used by the department regarding application for diagnostic services under division (B) of section 3701.023 of the Revised Code and payment for those services under division (E) of that section;

(5) Standards for the provision of service coordination by the department of health and city and general health districts;

(6) Procedures for the department to use to determine the amount to be paid annually by each county for services for children and youth with special health care needs and to allow counties to retain funds under divisions (A)(2) and (3) of section 3701.024 of the Revised Code;

(7) Financial eligibility requirements for services for Ohio residents twenty-one years of age or older who have cystic fibrosis;

(8) Criteria for payment of approved providers who provide goods and services for children and



youth with special health care needs;

(9) Criteria for the department to use in determining whether the payment of health insurance premiums of participants in the program for children and youth with special health care needs is cost-effective;

(10) Procedures for appeal of denials of applications under divisions (A) and (D) of section 3701.023 of the Revised Code, disqualification of providers, and amounts paid for services;

(11) Terms of appointment for members of the children and youth with special health care needs medical advisory council created in section 3701.025 of the Revised Code;

(12) Eligibility requirements for the hemophilia program, including income and hardship requirements;

(13) If a manufacturer discount program is established under division (J)(1) of section 3701.023 of the Revised Code, procedures for administering the program, including criteria and other requirements for participation in the program by manufacturers of drugs and nutritional formulas.

(B) The department of health shall develop a manual of operational procedures and guidelines for the program for children and youth with special health care needs to implement sections 3701.021 to 3701.0210 of the Revised Code.

(C) A medicaid provider, as defined in section 5164.01 of the Revised Code, is eligible to be a provider of the same goods and services for the program for children and youth with special health care needs that the provider is approved to provide for the medicaid program and the director shall approve such a provider for participation in the program for children and youth with special health care needs.

(D) In establishing medical and financial eligibility requirements for the program for children and youth with special health care needs, the director of health shall not specify an age restriction that excludes from eligibility an individual who is either of the following:



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- (1) Beginning on July 1, 2021, less than twenty-two years of age;
- (2) Beginning on July 1, 2022, less than twenty-three years of age;
- (3) Beginning on July 1, 2023, less than twenty-four years of age;
- (4) Beginning on July 1, 2024, less than twenty-five years of age.