

Ohio Revised Code Section 5164.01 Definitions.

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Legislation: House Bill 64 - 131st General Assembly

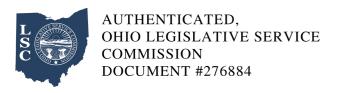
As used in this chapter:

- (A) "Adjudication" has the same meaning as in section 119.01 of the Revised Code.
- (B) "Early and periodic screening, diagnostic, and treatment services" has the same meaning as in the "Social Security Act," section 1905(r), 42 U.S.C. 1396d(r).
- (C) "Federal financial participation" has the same meaning as in section 5160.01 of the Revised Code.
- (D) "Healthcheck" means the component of the medicaid program that provides early and periodic screening, diagnostic, and treatment services.
- (E) "Home and community-based services medicaid waiver component" has the same meaning as in section 5166.01 of the Revised Code.
- (F) "Hospital" has the same meaning as in section 3727.01 of the Revised Code.
- (G) "ICDS participant" means a dual eligible individual who participates in the integrated care delivery system.
- (H) "ICF/IID" has the same meaning as in section 5124.01 of the Revised Code.
- (I) "Integrated care delivery system" and "ICDS" mean the demonstration project authorized by section 5164.91 of the Revised Code.
- (J) "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.

- (K) "Medicaid managed care organization" has the same meaning as in section 5167.01 of the Revised Code.
- (L) "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.
- (M) "Medicaid services" means either or both of the following:
- (1) Mandatory services;
- (2) Optional services that the medicaid program covers.
- (N) "Nursing facility" has the same meaning as in section 5165.01 of the Revised Code.
- (O) "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.
- (P) "Prescribed drug" has the same meaning as in 42 C.F.R. 440.120.
- (Q) "Provider agreement" means an agreement to which all of the following apply:
- (1) It is between a medicaid provider and the department of medicaid;
- (2) It provides for the medicaid provider to provide medicaid services to medicaid recipients;
- (3) It complies with 42 C.F.R. 431.107(b).
- (R) "Terminal distributor of dangerous drugs" has the same meaning as in section 4729.01 of the



Revised Code.