



Ohio Revised Code

Section 3701.612 [Amended and renumbered as R.C. 5180.23 by H.B. 33, 135th General Assembly, effective 1/1/2025] Ohio home visiting consortium.

Effective: October 17, 2019

Legislation: House Bill 166 - 133rd General Assembly

(A) The Ohio home visiting consortium is hereby created. The purpose of the consortium is to ensure that home visiting services provided by home visiting programs operating in this state, as well as home visiting services provided or arranged for by medicaid managed care organizations, are high-quality and delivered through evidence-based or innovative, promising home visiting models, including models used by home visiting contractors who provide services within one or more community HUBs that fully or substantially comply with the pathways community HUB certification standards developed by the pathways community HUB institute. It is the intent of the general assembly that all home visiting services provided in this state do both of the following:

(1) Improve health, educational, and social outcomes for expectant and new parents and young children;

(2) Promote safe, connected families and communities in which children are able to grow up healthy and ready to learn.

(B)(1) In furtherance of the consortium's purpose, the consortium shall do both of the following:

(a) Make recommendations to the department of health, department of medicaid, department of mental health and addiction services, and department of developmental disabilities regarding how to leverage all funding sources available for home visiting services, including medicaid, to accomplish both of the following in this state:

(i) Expand the use of evidence-based home visiting program models, including models used by home visiting contractors who provide services within one or more community HUBs that fully or substantially comply with the pathways community HUB certification standards developed by the pathways community HUB institute;



(ii) Initiate, as pilot projects, innovative, promising home visiting models.

(b) Make recommendations to the department of medicaid on the terms to be included in contracts the department enters into with medicaid managed care organizations under section 5167.10 of the Revised Code to ensure that the organizations are providing or arranging for the medicaid recipients enrolled in their medicaid MCO plans, as defined in section 5167.01 of the Revised Code, to receive home visiting services that are delivered as part of the home visiting program models described in divisions (B)(1)(a)(i) and (ii) of this section.

(2) The consortium may recommend a standardized form or other mechanism to assess family risk factors and social determinants of health for purposes of the central intake and referral system described in section 3701.611 of the Revised Code.

(C) The consortium shall consist of the following members:

(1) The director of health or the director's designee;

(2) The medicaid director or the director's designee;

(3) The director of mental health and addiction services or the director's designee;

(4) The director of developmental disabilities or the director's designee;

(5) The executive director of the commission on minority health or the executive director's designee;

(6) A member of the commission on infant mortality who is not a legislator or an individual specified under this division;

(7) One individual who represents medicaid managed care organizations, recommended by the board of trustees of the Ohio association of health plans;

(8) One individual who represents county boards of developmental disabilities, recommended by the Ohio association of county boards of developmental disabilities;



(9) A home visiting contractor who provides services within the help me grow program through a contract, grant, or other agreement with the department of health;

(10) A home visiting contractor who provides services within one or more community HUBs that fully or substantially comply with the pathways community HUB certification standards developed by the pathways community HUB institute through a contract, grant, or other agreement with the commission on minority health;

(11) An individual who receives home visiting services from the help me grow program;

(12) An individual who receives home visiting services from a home visiting contractor who provides services within one or more community HUBs that fully or substantially comply with the pathways community HUB certification standards developed by the pathways community HUB institute;

(13) Two members of the senate, one from the majority party and one from the minority party, each appointed by the senate president;

(14) Two members of the house of representatives, one from the majority party and one from the minority party, each appointed by the speaker of the house of representatives.

(D) The consortium members described in divisions (C)(10) and (12) of this section shall be appointed not later than thirty days after the effective date of this amendment. An appointed member shall hold office until a successor is appointed. A vacancy shall be filled in the same manner as the original appointment.

The director of health shall serve as the chairperson of the consortium.

A member shall serve without compensation except to the extent that serving on the consortium is considered part of the member's regular duties of employment.

(E) The consortium shall meet at the call of the director of health but not less than once each



calendar quarter. The consortium's first meeting shall occur not later than sixty days after April 6, 2017.

(F) The department of health shall provide meeting space and staff and other administrative support for the consortium.

(G) The consortium is not subject to sections 101.82 to 101.87 of the Revised Code.