
DEVELOPMENT SERVICES AGENCY

Alternative Fuel Transportation Program

- Allows the Director of Development Services, under the Alternative Fuel Transportation Program, to make grants and loans to businesses, nonprofit organizations, public school systems, or local governments to pay fleet conversion costs in addition to the existing specified uses of the funds.
- Specifies that the Alternative Fuel Transportation Fund is also to consist of all money received from the repayment of loans made from the Fund or in the event of a default on any such loan.
- Provides that Program rules must require the recipient of a grant or loan to incur at least 20% of the total cost of the purchase and installation of an alternative fuel refueling or distribution facility or terminal.

Technology development assistance

- Terminates the Industrial Technology and Enterprise Advisory Council, which was created to:
 - (1) Review applications for, and make final determinations regarding, the issuance of technology investment tax credits; and
 - (2) Make recommendations to the Director as to applications for other industrial technology and enterprise development assistance.
- Eliminates the Technology Investment Tax Credit Program, which was established to benefit Ohio taxpayers who invest in certain research and development or technology-oriented businesses.

Community Services Division

- Changes the name of the Office of Community Services within the Development Services Agency to the Community Services Division.
- Prohibits a person or government entity from soliciting, releasing, disclosing, receiving, using, or knowingly permitting or participating in the use of any information regarding an individual receiving assistance from a Division program.
- Specifies the circumstances under which the Division, and any entity receiving funds from the Division, must provide information about individual assistance recipients to:



--A government entity;

--A law enforcement agency; or

--A government entity administering a children's protective services program.

- Permits the release of individual assistance recipient information upon written authorization voluntarily given by the recipient and requires the Division, or entity administering a Division program, to provide a copy of each written authorization to the individual who signed it.
- Permits the release of individual assistance recipient information to a state, federal, or federally assisted program that directly provides cash or in-kind assistance or services to individuals based on need.
- Requires the Division, and any entity administering a Division program, to provide access to individual assistance recipient information to:
 - The recipient;
 - The recipient's legal guardian;
 - The recipient's attorney; and
 - The authorized representative of the recipient (as may be defined by the Agency by rule).

Other provisions

- Expands the bribery provision that applies to JobsOhio personnel to also prohibit a JobsOhio director, officer, or employee, either before or after being appointed, qualified, or employed in that capacity, from knowingly soliciting or accepting for self or another person any valuable thing or valuable benefit to corrupt or improperly influence the director, officer, or employee or another JobsOhio director, officer, or employee with respect to the discharge of the particular director's, officer's, or employee's duty.
- Changes the date by which a taxpayer that has entered into an agreement with the Tax Credit Authority on the basis of home-based employees must report the number of employees and home-based employees employed by the employer in Ohio.
- Extends the refundable job retention tax credit to an eligible business whose principal place of business is not located in the same political subdivision as the

capital investment so long as the business maintains a unit or division with at least 4,200 employees at the project site.

- Allows the Director of Development Services to utilize the Edison Center Network in issuing grants for research, development, or technology transfer efforts under the Thomas Alva Edison grant program.
- Adds, to the purposes for which the Director may lend funds for minority business development, loans for contract financing.
- Changes the local government notification requirement when financial assistance under R.C. Chapter 166. is requested from the Agency for the purpose of relocating a facility currently being operated in another county, municipal corporation, or township.
- Eliminates the Ohio Research Commercialization Grant Program.
- Requires the Director to appoint specified members of the technical advisory committee of the Ohio Coal Development Office rather than the Director of the Office, and provides for transition to the new appointing authority.
- Abolishes the Rapid Outreach Loan Fund.
- Abolishes six dormant funds codified in the Revised Code that are related to Development Services Agency activities.

Alternative Fuel Transportation Program

(R.C. 122.075)

The bill allows the Director of Development Services, under the Alternative Fuel Transportation Program, to make grants and loans to businesses, nonprofit organizations, public school systems, or local governments to pay fleet conversion costs. This use of the funds is in addition to the existing use of the funds for: (1) the purchase and installation of alternative fuel refueling or distribution facilities and terminals, (2) the purchase and use of alternative fuel, and (3) paying the costs of educational and promotional materials and activities intended for prospective alternative fuel consumers and fuel marketers.

The bill also specifies that the Alternative Fuel Transportation Fund, which is used by the Director to make grants and loans under the Program, is to additionally



consist of all money received from the repayment of those loans or in the event of a default on any of the loans.

Costs incurred by grant or loan recipients

The bill provides that, under rules adopted by the Director, the recipient of a grant or loan under the Program must incur at least 20% of the total cost, instead of the current law requirement of 20% of the total net cost, of the purchase and installation of an alternative fuel refueling or distribution facility or terminal.

Industrial Technology and Enterprise Advisory Council

(R.C. 121.22, 122.28, 122.30, 122.31, 122.32, 122.33, 122.34, 122.35, and 122.36; R.C. 122.29, repealed)

The bill terminates the Industrial Technology and Enterprise Advisory Council, which was created to (1) review applications for technology investment tax credits and issue final determinations as to their approval or disapproval and (2) review applications for, and make recommendations to the Director of Development Services regarding, other industrial technology and enterprise development assistance.

Technology Investment Tax Credit Program

(R.C. 5733.01, 5733.06, 5733.98, and 5747.98; R.C. 122.15, 122.151, 122.152, 122.153, 122.154, 5707.05, 5727.41, 5733.35, and 5747.33 (repealed); Section 803.10)

The bill eliminates the Technology Investment Tax Credit Program. The Program was established to benefit Ohio taxpayers who invest in certain Ohio entities engaging in a trade or business that primarily involves research and development, technology transfer, bio-technology, information technology, or the application of new technology developed through research and development or acquired through technology transfer. The maximum that can be issued under the Program is \$45 million of tax credits. The bill specifies that an investor who is issued a tax credit prior to the repeal of the Program may continue to claim the credit as if the law had not changed.

Office of Community Services name change

(R.C. 122.67; conforming changes in 122.66, 122.68, 122.69, 122.70, 122.701, and 3313.98)

The bill renames the Office of Community Services within the Development Services Agency as the Community Services Division. All of the current responsibilities of the Office, including administering federal funds appropriated to Ohio from the federal Community Services Block Grant Act and providing technical assistance to community action agencies, remain responsibilities of the renamed Division.



Community Services Division program assistance confidentiality

(R.C. 122.681)

The bill prohibits (except when required to do so by federal law) a person or government agency from soliciting, releasing, disclosing, receiving, or using any information regarding an individual receiving assistance under a Community Services Division program for any purpose that is not directly related to the administration of the program. The bill also prohibits knowingly permitting or participating in the use of such information.

Release of a recipient's information

Under the bill, the Division, and any entity that receives funds from the Division to administer a Division assistance program, must release information regarding an individual assistance recipient to the extent that the release is allowed by federal law. The information must be released to the entities listed below for the following specified purposes:

Entity to Which Individual Assistance Recipients' Information Must Be Released	Purpose for Receiving Information
Government entity responsible for administering the assistance program	For purposes directly related to the program's administration
Law enforcement agency	For the purpose of any investigation, prosecution, or criminal or civil proceeding relating to the assistance program's administration
Government entity responsible for administering a children's protective services program	For the purpose of protecting children

The bill permits the Division and any entity administering a Division program to release information about an individual assistance recipient under the following circumstances to the extent permitted by federal law:

- To a state, federal, or federally assisted program that provides cash or in-kind assistance or services directly to individuals based on need;
- If the recipient gives voluntary, written authorization for the release.

With regard to an individual assistance recipient's authorization to release information, the bill does not limit such authorized releases or specify to whom they may be made. However, the bill requires the Division, or entity administering a



Division program, to provide, at no cost, a copy of each written authorization to the individual who signed it.

Access to a recipient's information

Access to information regarding an individual assistance recipient also must be provided to certain individuals to the extent permitted by federal law and Ohio personal information rights law.²⁶ Under the bill, the Division and any entity administering a Division program must provide access to an individual assistance recipient's information to the recipient and the recipient's authorized representative, legal guardian, and attorney. The term "authorized representative" is not defined in the bill. However, the bill permits the Agency to adopt rules that define who may serve in this capacity for an individual assistance recipient.

JobsOhio officials – expansion of bribery provision

(R.C. 187.10)

The bill prohibits any person who is a director, officer, or employee of JobsOhio, either before or after being appointed, qualified, or employed in that capacity, from knowingly soliciting or accepting for self or another person any valuable thing or valuable benefit to corrupt or improperly influence the person or another director, officer, or employee of JobsOhio with respect to the discharge of the person's or the other director's, officer's, or employee's duty. The bill specifies that a person who violates this prohibition is guilty of the offense of "bribery," as set forth in existing R.C. 2921.02.

Existing law, unchanged by the bill, prohibits any person, with purpose to corrupt a director, officer, or employee of JobsOhio, from promising, offering, or giving any valuable thing or valuable benefit and specifies that a person who violates this prohibition is guilty of the offense of "bribery," as set forth in existing R.C. 2921.02.

In relevant part, existing R.C. 2921.02, which is not in the bill, prohibits a person: (1) with purpose to corrupt a "public servant" (see below) or party official, or improperly to influence a public servant or party official with respect to the discharge of his or her duty, whether before or after the public servant or party official is elected, appointed, qualified, employed, summoned, or sworn, from promising, offering, or giving any valuable thing or valuable benefit, or (2) either before or after the person is elected, appointed, qualified, employed, summoned, or sworn as a "public servant" (see below) or party official, from knowingly soliciting or accepting for self or another

²⁶ R.C. 1347.08.



person any valuable thing or valuable benefit to corrupt or improperly influence the person or another public servant or party official with respect to the discharge of the person's or the other public servant's or party official's duty. A violation of either prohibition is the offense of "bribery," a felony of the third degree, and a public servant or party official who is convicted of the offense is forever disqualified from holding any public office, employment, or position of trust in Ohio. Existing R.C. 2921.01, which is not in the bill, specifies that the term "public servant" does not include an employee, officer, or Governor-appointed member of the board of directors of JobsOhio.

Job creation tax credit reporting date for home-based employees

(R.C. 122.17)

Continuing law allows certain taxpayers, until 2019, to enter into an agreement with the Tax Credit Authority to receive a job creation tax credit for employing home-based employees. Under current law, on or before January 1 of each year, beginning in 2013, a taxpayer that has entered into such an agreement is required to report to the Development Services Agency the number of home-based employees and other employees employed by the taxpayer in Ohio. For years after 2014, the bill requires the employee report to be filed on or before March 1 instead of January 1.

Eligibility for the refundable job retention tax credit

(R.C. 122.171 and Section 815.10)

The bill extends the refundable job retention tax credit to eligible businesses whose principal place of business is not located in the same political subdivision as the capital investment as long as the business maintains a unit or division with at least 4,200 employees at the project site.

Continuing law authorizes the Tax Credit Authority (TCA) to grant job retention tax credits (JRTCs) against the income tax, commercial activities tax, insurance company premiums tax, or financial institutions tax. Qualifying businesses may apply to the TCA and enter into an agreement describing a capital investment project and requiring the business to retain a specified number of full-time equivalent employees or maintain a certain threshold payroll. The agreement must also require that the business maintain operations at the project site for at least the greater of (1) the term of the credit plus three years, or (2) seven years. In exchange, the business receives a credit equal to up to 75% of the state income taxes withheld from full-time employees working at the project site for up to 15 years.

Generally, JRTCs are nonrefundable, however, between July 1, 2011, and December 31, 2013, the TCA may grant refundable JRTCs to eligible businesses that



meet certain additional criteria. Among the additional criteria, the eligible business must have an annual payroll of at least \$20 million and invest at least \$5 million at a project site located within the same political subdivision as that in which the business has its principal place of business. The bill eliminates the requirement that the project site be located in the same political subdivision as the business's principal place of business if the business maintains a unit or division with at least 4,200 employees at the project site.

Thomas Alva Edison grant program to use the Edison Center Network

(R.C. 122.33)

The bill allows the Director of Development Services to utilize the Edison Center Network in carrying out the goals and objectives of the Thomas Alva Edison grant program. The bill defines the "Edison Center Network" as the six cooperative research and development facilities in Ohio that (1) receive funding to foster research, development, or technology transfer efforts, (2) are nonprofit organizations, (3) have been in existence for 18 years, and (4) have experience in delivering manufacturing extension partnership program services to companies in Ohio.

Minority development financing

(R.C. 122.76)

The bill adds, to the purposes for which the Director of Development Services may lend funds for minority business development, loans for contract financing. Under continuing law, when certain criteria are met, the Director, with Controlling Board approval, may lend funds to the following entities, provided that the loans are for purposes authorized by the relevant statute: minority business enterprises, community improvement corporations, Ohio development corporations, minority contractors business assistance organizations, and minority business supplier development councils. The following purposes are authorized under continuing law: lending funds to minority business enterprises for the purpose of procuring or improving real or personal property, or both, for the establishment, location, or expansion of industrial, distribution, commercial, or research facilities in Ohio, and to community development corporations that predominantly benefit minority business enterprises or are located in a census tract that has a population that is 60% or more minority.

Economic development assistance for the relocation of facilities

(R.C. 166.04)

The bill changes the local government notification requirement that applies when certain financial assistance is requested from the Development Services Agency for the purpose of relocating a facility currently being operated in another county, municipal corporation, or township. Under existing law, if a person applies for a loan, loan guarantee, or other assistance under R.C. Chapter 166. to relocate such a facility, the Director of Development Services must provide written notification to (1) the county, and the municipal corporation or township, in which the facility is to be relocated, (2) the county, and the municipal corporation or township, in which the facility to be replaced is located, (3) the state representative and state senator in whose districts the facility is to be relocated, and (4) the state representative and state senator in whose districts the facility to be replaced is located.

Under the bill, the person requesting the financial assistance, rather than the Director, is to provide the written notification of the relocation. Notice only has to be given to the local governmental bodies described in (2), above. Prior to providing the financial assistance, the Director must verify that the notice has been so given.

Ohio Research Commercialization Grant Program

(R.C. 184.04 (repealed))

The bill eliminates the Ohio Research Commercialization Grant Program administered by the Third Frontier Commission. The Grant Program was created to improve the commercial viability of research projects by improving the ability of small technology companies to assess their commercial potential and the commercial potential of their research projects and by promoting the competitiveness of these companies through the augmentation of federal research and development funding.

Ohio Coal Development Office's technical advisory committee

(R.C. 1551.33 and 1551.35; Section 803.30)

The bill requires the Director of Development Services to appoint specified members of the technical advisory committee of the Ohio Coal Development Office instead of the Director of the Office. It then provides for transition to the new appointing authority by requiring any member of the technical advisory committee who was appointed by the Director of the Office and who is serving on the committee immediately prior to the provision's effective date to continue in office until the



expiration of the member's term. Thereafter, the appointment of a member for that position must be made by the Director of Development Services.

Funds abolished

Rapid Outreach Loan Fund

(R.C. 166.22 (repealed); Section 257.110)

The bill abolishes the Rapid Outreach Loan Fund, which is codified in the Revised Code. The Director of Budget and Management is to make a cash balance transfer on July 1, 2013, or as soon as possible thereafter, from the Rapid Outreach Loan Fund to the Facilities Establishment Fund. After the effective date of the repeal and upon completion of the transfer of the fund's cash balance, the fund is to be abolished. Currently, the Rapid Outreach Loan Fund is used for certain eligible projects that result in job preservation or creation.

Dormant funds

(R.C. 122.083, 122.657, 122.658, 122.861, 166.02, 166.08, 166.25; R.C. 122.076, 122.97, and 166.28 (repealed); Section 257.110)

The bill eliminates the following funds codified in the Revised Code that it declares are dormant:

- **Energy Projects Fund** – used for energy projects and to pay the costs incurred in administering the energy projects;
- **Shovel Ready Sites Fund** – used to provide grants for certain port authority or development entity projects;
- **Clean Ohio Revitalization Revolving Loan Fund** – used to make loans for projects approved by the Clean Ohio Council;
- **Diesel Emissions Grant Fund** – used to fund projects relating to certified engine configurations and verified technologies in a manner consistent with the federal Diesel Emissions Reduction Program;
- **Business Development and Assistance Fund** – used for any Agency operating purposes or programs providing business support or business assistance, including grants, loans, or administrative expenses;
- **Logistics and Distribution Infrastructure Taxable Bond Fund** – used for the allowable costs of eligible logistics and distribution projects.



DEPARTMENT OF DEVELOPMENTAL DISABILITIES

Employment First

- Modifies the state's Employment First Policy for individuals with developmental disabilities.
- Authorizes the Ohio Department of Developmental Disabilities (ODODD) Director to establish an employment first task force consisting of certain state departments and enter into interagency agreements with those departments.
- Requires each county board of developmental disabilities (county DD board) to implement an employment first policy that clearly identifies community employment as the desired outcome for every individual of working age who receives services from the board.
- Specifies that any prevocational services provided by a county DD board must be provided in accordance with an individual service plan and occur over a specified period of time with specific outcomes sought to be achieved.

Regional council and county DD board cost report

- Requires each regional council and county DD board to file with ODODD a cost report on its expenditures and income and for each report to be audited.
- Permits ODODD to withhold regional council or board subsidy payments if a cost report is not timely filed or determined not auditable.

County DD board vacancy

- Creates an exception to the limitation of no more than three consecutive member terms, if a county DD board experiences extenuating circumstances, as determined by the ODODD Director, and the appointing authority requests a waiver.

Intermediate care facilities for individuals with intellectual disabilities

- Replaces "intermediate care facility for the mentally retarded" (ICF/MR) in state law with "intermediate care facility for individuals with intellectual disabilities" (ICF/IID).
- Relocates and reorganizes the law governing Medicaid coverage of ICF/IID services as part of the process of ODODD assuming many duties of the Ohio Department of Medicaid (ODM) regarding those services.



- Provides that the contract between ODODD and ODM that provides for ODODD to assume the powers and duties of ODM with regard to the Medicaid program's coverage of ICF/IID services may provide for ODM to perform one or more of ODODD's duties regarding ICFs/IID that undergo a change of operator, close, or cease to participate in Medicaid.
- Modifies, effective July 1, 2014, Medicaid payments for capital costs of ICFs/IID by (1) halving, except under a certain circumstance, the efficiency incentive payments to ICFs/IID with more than eight beds, (2) eliminating, except under certain circumstances, nonextensive renovation payments to ICFs/IID with more than eight beds, and (3) eliminating return on equity payments to all ICFs/IID.
- Uses an ICF/IID's annual average case-mix score for the calendar year immediately preceding the fiscal year for which the rate will be paid to determine an ICF/IID's annual Medicaid payment rate for direct care costs rather than a quarterly case-mix score to determine an ICF/IID's quarterly rate.
- Reduces to 45 (from 80) the number of days that an ICF/IID has to submit corrected resident assessment data before ODODD may assign a case-mix score to the ICF/IID for failure to submit the corrected data.
- Requires that the average of the following be used for certain calculations for the purpose of determining an ICF/IID's fiscal year 2014 Medicaid payment rate for direct care costs: (1) the ICF/IID's case-mix score determined or assigned for the last quarter of calendar year 2012, (2) the ICF/IID's case-mix score for the first quarter of calendar year 2013 determined by using resident assessment data that ODODD, or any entity under contract with ODODD, compiled, and (3) if the ICF/IID submitted resident assessment data for the first quarter of calendar year 2013, the ICF/IID's case-mix score for the first quarter of calendar year 2013 determined by using resident assessment data that the ICF/IID submitted.
- Uses, for the purpose of determining an ICF/IID's fiscal year 2015 rate, the ICF/IID's case-mix score for the first quarter of calendar year 2013 determined by using resident assessment data that ODODD, or any entity under contract with ODODD, compiled if the ICF/IID did not submit resident assessment data for that quarter.
- Reduces, beginning with fiscal year 2016, the efficiency incentive that is part of the Medicaid payment rate for the indirect care costs of ICFs/IID with more than eight beds that do not obtain ODODD's approval to become downsized ICF/IID.

- Updates, in the law governing Medicaid payments for ICF/IID services, terminology related to the Consumer Price Index and Employment Cost Index published by the U.S. Bureau of Labor Statistics.
- Permits ODODD, subject to ODM's approval, to pay a qualifying ICF/IID a Medicaid rate add-on for outlier ICF/IID services provided to a resident who is a Medicaid recipient, is under 22 years of age, is dependent on a ventilator, and meets other requirements established in rules.
- For fiscal year 2014, requires ODODD to determine modified Medicaid payment rates for existing and new ICFs/IID and provides for an existing or new ICF/IID to be paid its modified rate, unless the mean of such rates for all existing and new ICFs/IID is other than \$282.84, in which case the ICF/IID's rate is to be adjusted by a percentage that equals the percentage by which the mean rate is greater or less than \$282.84.
- For fiscal year 2015, requires ODODD to determine modified Medicaid payment rates for existing and new ICFs/IID and provides for an existing or new ICF/IID to be paid its modified rate, unless the mean of such rates for all existing and new ICFs/IID is other than \$282.77, in which case the ICF/IID's rate is to be adjusted by a percentage that equals the percentage by which the mean rate is greater or less than \$282.77.
- Requires the ODODD Director, in consultation with certain organizations, to study (1) establishing a new grouper methodology to be used when determining ICFs/IID's case-mix scores for fiscal year 2015, (2) whether the amounts set as the maximum costs per case-mix units that may be used in determining fiscal year 2015 direct care rates will avoid or minimize rate reductions, and (3) specifying additional diagnoses and special care needs that individuals must have to meet criteria for special rates for outlier services and sources of funding for, or mechanisms to ensure the budget neutrality of, the additional diagnoses and special care needs.
- Requires ODODD to strive to achieve, not later than July 1, 2018, statewide reductions in the number of ICF/IID beds.
- Requires ODODD, in its efforts to achieve the ICF/IID bed reductions, to collaborate with the Ohio Association of County Boards Serving People with Developmental Disabilities, the Ohio Provider Resource Association, the Ohio Centers for Intellectual Disabilities formed by the Ohio Health Care Association, and the Values and Faith Alliance.

- Increases to 600 (from 500) (1) the number of Medicaid waiver slots for which the ODM Director may seek federal approval as part of continuing law regarding ICFs/IID that convert to providing Medicaid waiver services and (2) the number of ICF/IID beds that may be so converted.
- Permits an ICF/IID that downsizes or partially converts to providing home and community-based services on or after July 1, 2013, to file a Medicaid cost report if the ICF/IID has, on the day it downsizes or partially converts, a Medicaid-certified capacity that is at least 10% lower than its Medicaid-certified capacity on the day before or at least five fewer ICF/IID beds than it has on the day before.
- Permits a new ICF/IID also to file a Medicaid cost report if its beds are from a downsized ICF/IID and the downsized ICF/IID either has reduced its Medicaid-certified capacity by at least 10% or reduced the number of its ICF/IID-certified beds by at least five.
- Provides for the cost report for a downsized or partially converted ICF/IID to cover the period that begins with the day the ICF/IID downsizes or partially converts and ends on the last day of the last month of the first three full months of operation as a downsized ICF/IID or partially converted ICF/IID.
- Provides for the cost report for a new ICF/IID to cover the period that begins with the day that the ICF/IID's provider agreement takes effect and ends on the last day of the last month of the first full three months that the provider agreement is in effect.
- Provides for the cost report for a downsized or partially converted ICF/IID to be used to determine the ICF/IID's Medicaid payment rate for the period:
 - (1) Beginning on the day it downsizes or partially converts if that day is the first day of a month or, if not, beginning on the first day of the month immediately following the month the ICF/IID downsizes or partially converts; and
 - (2) Ending on the last day of the fiscal year immediately preceding the fiscal year for which it begins to be paid a rate determined using a cost report filed in accordance with regular filing procedures.
- Provides for the cost report for a new ICF/IID to be used to determine the ICF/IID's Medicaid payment rate for the period beginning on the day that the ICF/IID's provider agreement takes effect and ending on the last day of the fiscal year immediately preceding the fiscal year for which it begins to be paid a rate determined using a cost report field in accordance with regular filing procedures.

- Revises the law governing adjustments to new ICFs/IID's initial total Medicaid payment rates.
- Provides that ODODD is permitted, rather than required, to increase an existing ICF/IID's Medicaid payment rate for capital costs when Medicaid-certified beds are added to, or replaced at, the ICF/IID.
- Requires ODODD and a workgroup to evaluate revisions to the formula used to determine Medicaid payment rates for ICF/IID services.
- Requires the ODODD Director to pay the nonfederal share of a claim for ICF/IID services using subsidies otherwise allocated to county DD boards if:
 - (1) Medicaid covers the services;
 - (2) The services are provided to a Medicaid recipient who is eligible for the services and does not occupy a bed in the ICF/IID that used to be included in the Medicaid-certified capacity of another ICF/IID certified before June 1, 2003;
 - (3) The services are provided by an ICF/IID whose Medicaid certification was initiated or supported by a county DD board; and
 - (4) The provider has a valid Medicaid provider agreement for the time the services are provided.
- Sets the rate for the franchise permit fee charged ICFs/IID at \$18.24 for fiscal year 2014 and \$18.17 for fiscal year 2015 and thereafter.
- Provides that the authority of an individual with mental retardation or other developmental disability, other than such an individual for whom a guardian has been appointed, to make decisions regarding the receipt of services or participation in programs applies to decisions regarding ICF/IID services.

Home and community-based services

- Provides for an Individual Options waiver provider to continue to receive for fiscal years 2014 and 2015 at least the higher Medicaid payment rate for routine homemaker/personal care services that the provider received for up to a year during fiscal years 2012 and 2013.
- Provides for ODODD to retain all of the fees that county DD boards pay regarding Medicaid-paid claims for home and community-based services provided to individuals eligible for services from the county DD boards.

- Requires the ODODD Director to establish a methodology to be used in fiscal years 2014 and 2015 to estimate the quarterly amount each county DD board is to pay of the nonfederal share of the Medicaid expenditures for which the board is responsible.
- Permits a developmental center to provide services to persons with mental retardation and developmental disabilities living in the community or to providers of services to these persons.

Innovative pilot projects

- Permits the ODODD Director to authorize, in fiscal years 2014 and 2015, innovative pilot projects that are likely to assist in promoting the objectives of state law governing ODODD and county DD boards.

"Employment First" for individuals with developmental disabilities

(R.C. 5123.022, 5123.023, 5126.05, 5126.051, and 5226.01; Sections 259.90 and 259.100)

Employment First policy

The bill adds to current law expressing the state's policy concerning individuals with developmental disabilities the statement that every individual with a developmental disability is presumed capable of community employment. It defines "community employment" for this purpose as competitive employment that takes place in an integrated setting. "Competitive employment" is defined as full-time or part-time work in the competitive labor market in which payment is at or above the minimum wage but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by persons who are not disabled. An "integrated setting" is a setting typically found in the community where individuals with developmental disabilities interact with individuals who do not have disabilities to the same extent that individuals in comparable positions who are not disabled interact with other individuals, including in employment settings in which employees interact with the community through technology.

Task force

The bill authorizes the Ohio Department of Developmental Disabilities (ODODD) Director to establish an employment first task force consisting of ODODD, Ohio Department of Education, Ohio Department of Medicaid (ODM), Ohio Department of Job and Family Services (ODJFS), Ohio Department of Mental Health

and Addiction Services, and Opportunities for Ohioans with Disabilities Agency. If established, the purpose of the task force would be to improve the coordination of the state's efforts to address the needs of individuals with developmental disabilities who seek community employment.

ODODD would have authority to enter into interagency agreements with any of the government entities on the task force. The interagency agreements could specify either or both of the following:

(1) The roles and responsibilities of the government entities that are members of the task force, including any money to be contributed by those entities;

(2) The projects and activities of the task force.

The bill creates in the state treasury the Employment First Task Force Fund. Any money received by the task force from its members is to be credited to the fund and used by ODODD to support the work of the task force.

A task force created under the bill would cease to exist on January 1, 2020. Any money, assets, or employees of ODODD that on that date were dedicated to the work of the task force would have to be reallocated by ODODD for employment services for individuals with developmental disabilities.

County boards of developmental disabilities (county DD boards)

Each county board of developmental disabilities (county DD board) is required by the bill to do both of the following:

(1) Implement an employment first policy that clearly identifies community employment as the desired outcome for every individual of working age who receives services from the board;

(2) Set benchmarks for improving community employment outcomes.

The bill modifies current law on services for adults with developmental disabilities by requiring each county DD board, to the extent that resources are available, to provide or arrange for the provision of adult services, including job training, vocational evaluation, and community employment services. Current law provides that those services are optional and are in addition to sheltered employment and work activities.

Regarding prevocational services, the bill provides that these services must be provided in accordance with an individual service plan and occur over a specified period of time with specific outcomes sought to be achieved. It defines "prevocational



services" as services, including services as a volunteer, that provide learning and work experiences from which an individual can develop general strengths and skills that are not specific to a particular task or job but contribute to employability in community employment, supported work at community-based sites, or self-employment.

Regional council and county DD board annual cost report

(R.C. 5126.131)

Each regional council established for the purpose of performing the duties of a county DD board and each county DD board is required by the bill to file with ODODD an annual cost report detailing the council's or board's income and expenditures.²⁷ ODODD is authorized to withhold subsidy payments from a regional council or board if the report is not filed timely or is not auditable. ODODD must provide annual cost report training to regional council and board employees.

Unless ODODD establishes a later date, regional council reports must be filed with ODODD no later than the last day of April and board reports must be filed no later than the last day of May. At the written request of a regional council or board, ODODD is permitted to grant a 14-day filing extension.

Each report filed by a regional council or board must be audited by ODODD or an entity designated by ODODD. A regional council or board is permitted to submit changes to the cost report until the date the audit begins. ODODD or the designated entity is required to notify the regional council or board of the date the audit begins.

If ODODD or the entity determines that the cost report is not auditable, it must provide written notification to the regional council or board and grant the council or board 60 days to submit additional documentation. After 60 days, ODODD or the entity must determine whether the cost report is auditable with the additional documentation and notify the regional council or board of its determination. The determination of ODODD or the entity is final.

A completed cost report audit must be certified by ODODD or the entity and filed in the office of the clerk of the governing body, executive officer of the governing body, and chief fiscal officer of the audited regional council or board. No changes are permitted to a certified cost report audit that is filed by ODODD or the entity. A cost report is not a public record until copies of the cost report are filed by ODODD or the entity. Cost reports must be retained by regional councils and boards for seven years.

²⁷ The report is in addition to the cost and operating report the regional council or board is required to provide ODODD under R.C. 5126.12 or 5126.13.

County DD board vacancy

(R.C. 5126.026)

Under the bill, if a county DD board experiences extenuating circumstances that would severely restrict it from being able to fill a pending vacancy of a board member who will become ineligible for service on the board after serving three consecutive terms, the appointing authority can request a waiver from the ODODD Director to allow that member to serve an additional four-year term subsequent to serving three consecutive four-year terms. The bill requires the ODODD Director to determine if the extenuating circumstances associated with the board warrant the granting of such a waiver.

Under general continuing law, a county DD board consists of seven members with five members being appointed by the board of county commissioners of the county and two members being appointed by the senior probate judge of the county. A county DD board member can be reappointed if the appointing authority ascertains, through written communication with the board, that the member being considered for reappointment meets the requirements for board members. However, a member who has served during each of three consecutive terms must not be reappointed for a subsequent term until two years after ceasing to be a member of the board, except that a member who has served for ten years or less within three consecutive terms can be reappointed for a subsequent term before becoming ineligible for reappointment for two years.²⁸

Intermediate care facilities for individuals with intellectual disabilities (ICFs/IID)

(R.C. 5124.01 (primary), 1337.11, 2133.01, 2317.02, 3317.02, 3701.74, 3702.62, 3721.10, 3795.01, 4723.17, 5103.02, 5123.171, 5123.19, 5123.192, 5123.198, 5123.38, 5126.054, 5126.055, 5162.01, 5162.21, 5163.01, 5163.31, 5163.33, 5164.01, 5164.35, 5164.37, 5164.38, 5164.46, 5164.70, 5166.01, 5166.02, 5166.04, 5166.20, 5168.60, 5168.61, 5168.62, 5168.63, 5168.64, 5168.65, 5168.66, 5168.67, 5168.68, and 5168.70; Chapter 5124.)

Federal law permits a state's Medicaid program to cover services provided by intermediate care facilities for the mentally retarded (ICFs/MR). Ohio's Medicaid program covers ICF/MR services. State law includes many provisions regarding Medicaid's coverage of ICF/MR services but does not expressly include ICF/MR services as part of Medicaid. The bill expressly requires Medicaid to cover ICF/MR services when all of the following apply:

²⁸ R.C. 5126.021, not in the bill.



(1) The services are provided to a Medicaid recipient eligible for the services.

(2) The services are provided by provider that has a valid provider agreement to provide the services.

(3) Federal financial participation is available for the services.

Although federal Medicaid statutes use the term "intermediate care facility for the mentally retarded," federal Medicaid regulations instead use "intermediate care facility for individuals with intellectual disabilities" (ICF/IID).²⁹ Federal Medicaid regulations refer to services of intermediate care facilities for the mentally retarded as ICF/IID services. An ICF/IID is the same type of facility as an ICF/MR.

The bill replaces references in state law to ICFs/MR and ICF/MR services with references to ICFs/IID and ICF/IID services. The bill defines "ICF/IID" as an ICF/MR, as defined in a federal Medicaid statute, and provides that "ICF/IID services" has the same meaning as in a federal Medicaid regulation.

"ICF/MR" is defined in the federal statute as an institution (or distinct part thereof) for persons with mental retardation or related conditions that (1) has the primary purpose of providing health or rehabilitative services for such persons, (2) meets such standards as may be prescribed by the U.S. Secretary of Health and Human Services, and (3) provides active treatment covered by Medicaid to the persons with respect to whom the institution requests Medicaid payments.³⁰

"ICF/IID services" is defined in the federal Medicaid regulation as those items and services furnished in an ICF/IID if (1) the ICF/IID fully meets the requirements for a state license to provide services that are above the level of room and board, (2) the primary purpose of the ICF/IID is to furnish health or rehabilitative services to persons with intellectual disability or persons with related conditions, (3) the ICF/IID meets the standards specified in federal regulations, (4) the beneficiary of the services receives active treatment, and (5) the ICF/IID has been certified to meet the federal requirements, as evidenced by a valid agreement between the state Medicaid agency and the ICF/IID furnishing the services.³¹

²⁹ 42 U.S.C. 1396d(d) and 42 C.F.R. 400.200.

³⁰ 42 U.S.C. 1396d(d).

³¹ 42 C.F.R. 440.150.



Administration of Medicaid coverage of ICF/IID services

(R.C. 5124.02 (primary), 5111.211 (repealed), and 5123.198; Chapters 5124. and 5165.; Sections 259.260 and 259.270)

H.B. 153 of the 129th General Assembly requires that ODM (ODJFS at the time H.B. 153 was enacted) enter into an interagency agreement with ODODD that provides for ODODD to assume powers and duties of ODM regarding the Medicaid program's coverage of ICF/IID services. The bill relocates and reorganizes the law governing Medicaid coverage of ICF/IID services as part of the process of ODODD assuming many of ODM's duties regarding ICF/IID services. It provides that the ODODD Director is not required to amend any rule for the sole purpose of updating the citation in the Ohio Administrative Code to the Revised Code section that authorizes the rule to reflect that the bill renumbers or otherwise relocates the authorizing statute. The citations are to be updated as the Director amends the rules for other purposes.

Not all of ODM's responsibilities regarding Medicaid's coverage of ICF/IID services are transferred to ODODD. Federal law does not permit ODM to transfer all of its responsibilities. For example, ODM continues to be responsible for entering into Medicaid provider agreements with ICFs/IID.³² And, the bill specifies that the ODODD Director is to adopt rules governing Medicaid's coverage to the extent authorized by rules adopted by the ODM Director.³³

The bill permits the contract between ODODD and ODM to provide for ODM to perform one or more of ODODD's duties regarding ICFs/IID that undergo a change of operator, close, or cease to participate in Medicaid. These were duties that ODM had before ODODD assumed responsibilities regarding the Medicaid program's coverage of ICF/IID services.

As part of the process of ODODD assuming this responsibility, the bill eliminates certain laws that cease to be applicable.

First, the bill repeals a law that makes ODODD responsible for the nonfederal share of only certain ICF/IID Medicaid claims. Under that law, ODODD is responsible for the nonfederal share of Medicaid claims submitted for ICF/IID services if (1) the services are provided on or after July 1, 2003, (2) the ICF/IID receives initial certification by the Ohio Department of Health (ODH) Director as an ICF/IID on or after June 1, 2003, (3) the ICF/IID, or a portion of the ICF/IID, is licensed by the ODODD Director as a residential facility, and (4) there is a valid Medicaid provider agreement for the

³² 42 C.F.R. 431.107(b).

³³ 42 C.F.R. 431.10(e)(1)(ii).

ICF/IID. ODODD is not responsible for Medicaid claims submitted for an ICF/IID if a residential facility license was obtained or modified for the ICF/IID without obtaining approval of a plan for the proposed residential facility. This law provides, however, that the provisions discussed above apply only to the extent, if any, provided in the contract between ODODD and ODM regarding the transfer of the powers and duties regarding ICF/IID services.

The second law that is eliminated permits ODODD to notify ODM of a reduction in the licensed capacity of a residential facility that is an ICF/IID. The reduction occurs under continuing law that requires, with certain exceptions, ODODD to reduce a residential facility's licensed capacity when a resident of the residential facility is involuntarily committed to a state-operated ICF/IID. On receiving the notice about the reduction, ODM is permitted by the law being eliminated to transfer to ODODD the savings in the nonfederal share of Medicaid expenditures for each fiscal year after the year of the commitment to be used for costs of the resident's care in the state-operated ICF/IID.

ICFs/IID's Medicaid rates for capital costs

(R.C. 5124.17, 5124.01, 5124.21, and 5124.28)

Capital costs are part of an ICF/IID's costs that are used in determining the ICF/IID's total Medicaid payment rate. Under current law, there are four components to an ICF/IID's Medicaid payment rate for capital costs: (1) its cost of ownership, (2) an efficiency incentive, (3) amounts for nonextensive renovations, and (4) amounts for return on equity. The bill modifies, effective July 1, 2014, the Medicaid payments for the capital costs of ICFs/IID by (1) halving, except under a certain circumstance, the efficiency incentive payments to ICFs/IID with more than eight beds, (2) eliminating, except under certain circumstances, nonextensive renovation payments to ICFs/IID with more than eight beds, and (3) eliminating return on equity payments to all ICFs/IID.

Efficiency incentive

Current law provides that an ICF/IID's efficiency incentive is to equal 50% of the difference between its costs of ownership and a limit on costs of ownership payments. The efficiency incentive for an ICF/IID with eight or fewer beds may not exceed a particular cap which is adjusted for inflation annually. The bill provides that, beginning July 1, 2014, the efficiency incentive for an ICF/IID with more than eight beds is not to exceed 25% of the difference between its costs of ownership and the limit on costs of ownership payments. However, the reduction does not apply to an ICF/IID with more than eight beds that obtains ODODD's approval to become a downsized ICF/IID and the approval is conditioned on the downsizing being completed not later than July 1,

2018. An ICF/IID becomes a downsized ICF/IID by permanently reducing its Medicaid-certified capacity pursuant to a plan approved by ODODD.

Nonextensive renovations

Current law uses inconsistent terminology regarding the part of an ICF/IID's Medicaid payment for renovations. Continuing law defines "capital costs" as costs of ownership and costs of nonextensive renovation. However, the provision of current law that governs the amount of an ICF/IID's Medicaid payment for nonextensive renovations uses the terms "renovation" and "nonextensive renovations." This may cause confusion as to whether the provision applies to both renovations and nonextensive renovations or only nonextensive renovations. To avoid that confusion, the bill uses only the term "nonextensive renovation."

Current law establishes two conditions for an ICF/IID to qualify for a Medicaid payment for nonextensive renovations. First, at least five years must have elapsed since the ICF/IID's date of licensure or date of an extensive renovation of the portion of the ICF/IID that is proposed to be nonextensively renovated, unless the nonextensive renovation is necessary to meet the requirements of federal, state, or local statutes, ordinances, rules, or policies. Second, the ICF/IID must obtain ODODD's prior approval by submitting a plan that describes in detail the changes in capital assets to be accomplished by means of the nonextensive renovation and the timetable for completing the project, which cannot be more than 18 months after the nonextensive renovation begins. The bill adds a third condition for an ICF/IID with more than eight beds to qualify for a Medicaid payment for nonextensive renovations: either ODODD approved the nonextensive renovation before July 1, 2013, or the nonextensive renovation is part of a project that results in the ICF/IID becoming a downsized ICF/IID or partially converted ICF/IID. An ICF/IID becomes a partially converted ICF/IID by converting some, but not all, of its beds to providing home and community-based services under the Individual Options (IO) Medicaid waiver, including such a conversion that occurs after the ICF/IID is acquired through a request for proposals that the ODODD Director issues after the previous provider's license for the ICF/IID was revoked or surrendered. The bill does not add an additional condition for an ICF/IID with eight or fewer beds.

ICFs/IID's Medicaid rates for direct care costs

(R.C. 5124.19 and 5124.192; Sections 259.200, 529.210, 605.30, 605.31, and 812.20)

Direct care costs are part of an ICF/IID's costs that are used in determining the ICF/IID's total Medicaid payment rate. Current law requires ODODD to establish each ICF/IID's rate for direct care costs quarterly. The bill requires ODODD to determine



each ICF/IID's rate for direct care costs for each fiscal year. As part of the change from quarterly to annual rate determinations, the bill revises the first step in determining the rate. Under current law, the first step in determining the rate for a quarter is to multiply the lesser of the ICF/IID's cost per case unit or the maximum cost per case-mix unit for the ICF/IID's peer group by the ICF/IID's average case-mix score determined for the calendar quarter that preceded the immediately preceding calendar quarter. Under the bill, the first step in determining the rate for a fiscal year is to multiply the lesser of the ICF/IID's cost per case unit or the maximum cost per case-mix unit for the ICF/IID's peer group by the ICF/IID's annual average case-mix score for the calendar year immediately preceding the fiscal year.

Continuing law requires ODODD to determine an ICF/IID's case-mix score quarterly as part of the process of determining the ICF/IID's Medicaid payment rate for direct care costs. Generally, an ICF/IID's case-mix score is determined by using resident assessment data the ICF/IID submits to ODODD. Under certain circumstances, ODODD may assign a case-mix score that is 5% less than the ICF/IID's case-mix score for the immediately preceding quarter. The circumstances include when the ICF/IID fails to timely submit complete and accurate resident assessment data necessary to determine the ICF/IID's case-mix score for a quarter. ODODD must permit an ICF/IID to correct the data before assigning a case-mix score due to the submission of incorrect resident assessment data. Under current law, ODODD may assign the case-mix score if the ICF/IID fails to submit the corrected resident assessment data not later than 80 days after the end of the quarter to which the data pertains or later due date specified in rules. The bill reduces to 45 the number of days that an ICF/IID has to submit corrected resident assessment data before ODODD may assign a case-mix score to the ICF/IID for failure to submit the corrected data.

H.B. 303 of the 129th General Assembly permits ODODD to conduct or contract with another entity to conduct, for the first quarter of calendar year 2013, resident assessments for all ICFs/IID. An ICF/IID is permitted to conduct its own resident assessment for that quarter too. Under H.B. 303, ODODD is to use the data obtained from the resident assessments it or its contract entity conducts for the first quarter of calendar year 2013 in determining each ICF/IID's case-mix score for that quarter. The case-mix scores so determined for that quarter are to be used in calculating ICFs/IID's fiscal year 2014 Medicaid rates for direct care costs. The bill requires instead that ODODD use the average of the following in calculating each ICF/IID's fiscal year 2014 Medicaid rate for direct care costs:

(1) The ICF/IID's case-mix score determined or assigned for the last quarter of calendar year 2012;



(2) The ICF/IID's case-mix score determined for the first quarter of calendar year 2013 determined using the resident assessment data obtained by ODODD or its contract entity;

(3) Unless the ICF/IID did not submit resident assessment data for the first quarter of calendar year 2013, the ICF/IID's case-mix score for the first quarter of calendar year 2013 determined using the resident assessment data submitted by the ICF/IID.

H.B. 303 requires ODODD to use, for the purpose of determining an ICF/IID's fiscal year 2015 Medicaid rate for direct care costs, the case-mix score determined for the first quarter of calendar year 2013 using the resident assessment data obtained by ODODD or its contract entity. The bill provides that ODODD is to use that resident assessment data in determining an ICF/IID's fiscal year 2015 Medicaid rate only if the ICF/IID does not submit resident assessment data for the first quarter of calendar year 2013.

Return on equity payments

Current law requires ODODD to pay ICFs/IID a return on their net equity as part of their Medicaid payments for capital costs. A return on net equity payment is to be computed at the rate of 1.5 times the average of interest rates on special issues of public debt obligations issued to the federal Hospital Insurance Trust Fund for the cost reporting period. No ICF/IID's return on net equity may exceed one dollar per patient day. In calculating an ICF/IID's rate for return on net equity, ODODD must use the greater of the ICF/IID's inpatient days during the applicable cost reporting period or the number of inpatient days it would have had during that period if its occupancy rate had been 95%.

The bill eliminates, effective July 1, 2014, the requirement that ODODD pay ICFs/IID a return on their net equity.

ICFs/IID's efficiency incentives for indirect care costs

(R.C. 5124.21)

Indirect care costs are part of an ICF/IID's costs that are used in determining the ICF/IID's total Medicaid payment rate. A Medicaid payment rate for indirect care costs is determined for each ICF/IID individually and a maximum payment rate for indirect care costs is determined for each peer group of ICFs/IID. An ICF/IID's Medicaid rate for its indirect care costs is the lesser of the rate determined for it individually and the maximum rate determined for its peer group. The bill reduces, beginning with fiscal year 2016, the efficiency incentive that is included in determining the individual

Medicaid payment rate for the indirect care costs of an ICF/IID with more than eight beds other than such an ICF/IID that obtains ODODD's approval to become a downsized ICF/IID and the approval is conditioned on the downsizing being completed not later than July 1, 2018.

Under current law, the efficiency incentive for an ICF/IID with more than eight beds is, for a fiscal year ending in an even-numbered calendar year, 7.1% of the maximum rate established for the ICF/IID's peer group. Its efficiency incentive for a fiscal year ending in an odd-numbered calendar year is the amount calculated for the preceding fiscal year. The bill does not change the efficiency incentive for an ICF/IID with more than eight beds if the ICF/IID obtains ODODD's approval to become a downsized ICF/IID and the approval is conditioned on the downsizing being completed not later than July 1, 2018. The efficiency incentive for an ICF/IID with more than eight beds that does not obtain such approval is to be the following beginning in fiscal year 2015:

(1) For fiscal year 2015, one-half of its efficiency incentive for fiscal year 2014;

(2) For fiscal year 2016 and each even-numbered fiscal year thereafter, 3.55% of the maximum rate established for the ICF/IID's peer group;

(3) For fiscal year 2017 and each odd-numbered fiscal year thereafter, the amount calculated for the ICF/IID for the immediately preceding fiscal year.

Terminology related to federal inflation data

(R.C. 5124.106, 5124.17, 5124.19, and 5124.21)

Inflation adjustments are made in determining ICFs/IID's Medicaid payment rates. The Consumer Price Index (CPI) and Employment Cost Index (ECI) published by the U.S. Bureau of Labor Statistics are used for this purpose. Certain terminology used in connection with these indexes is outdated. The bill updates the terminology as follows:

(1) In making an inflation adjustment to determine ICFs/IID's rates for capital costs, the CPI for shelter costs for all urban consumers for the north central region is used. The bill updates this by referring to the midwest region rather than the North Central Region.

(2) In making an inflation adjustment to determine ICFs/IID's rates for indirect care costs and in determining a reduction to an ICF/IID's total rate due to a late, incomplete, or inadequate Medicaid cost report, the CPI for all items for all urban

consumers for the North Central Region is used. The bill updates this by referring to the Midwest Region rather than the North Central Region.

(3) In making an inflation adjustment to determine ICFs/IID's rates for direct care costs, the health services component of the ECI for Total Compensation is used. The bill updates this by referring to the health care and social assistance component.

Medicaid rate add-on for outlier ICF/IID services

(R.C. 5124.25 (primary) and 5124.15)

The bill permits ODODD, subject to ODM's approval, to pay a Medicaid rate add-on to an ICF/IID for outlier ICF/IID services the ICF/IID provides to qualifying ventilator-dependent residents on or after the effective date of this provision of the bill if the ICF/IID applies to ODODD to receive the rate add-on and ODODD approves the application. ODODD may approve an ICF/IID's application if all of the following apply:

(1) The ICF/IID submits to ODODD a best practices protocol for providing outlier ICF/IID services and ODODD determines that the protocol is acceptable;

(2) The ICF/IID executes with ODM an addendum to its Medicaid provider agreement regarding the outlier ICF/IID services;

(3) The ICF/IID meets all other eligibility requirements for the rate add-on established in rules the ODODD Director is to adopt.

An ICF/IID that is approved to provide outlier ICF/IID services must provide the services in accordance with (1) the best practices protocol ODODD determines is acceptable and (2) requirements regarding the services established in rules the ODODD Director is to adopt.

To qualify to receive outlier ICF/IID services from an ICF/IID, a resident of the ICF/IID must be a Medicaid recipient, be under 22 years of age, be dependent on a ventilator, and meet all other eligibility requirements established in rules the ODODD Director is to adopt.

ODODD is to negotiate the amount of the Medicaid payment rate add-on, if any, to be paid, or the method by which that amount is to be determined, with ODM. ODODD is prohibited from paying the rate add-on unless ODM approves the amount of the rate add-on or method by which the amount is to be determined.



Fiscal year 2014 Medicaid rates for ICF/IID services

(Section 259.200)

The bill provides for an existing or new ICF/IID's Medicaid payment rate for fiscal year 2014 to be its modified rates unless the mean of such rates for all existing and new ICFs/IID is other than \$282.84, in which case the ICF/IID's rate is to be adjusted by a percentage that equals the percentage by which the mean rate is greater or less than \$282.84. An ICF/IID is considered to be an existing ICF/IID if (1) the provider of the ICF/IID has a valid Medicaid provider agreement for the ICF/IID on June 30, 2013, and a valid Medicaid provider agreement for the ICF/IID during fiscal year 2014 or (2) the ICF/IID undergoes a change of operator that takes effect during fiscal year 2014, the exiting operator has a valid Medicaid provider agreement for the ICF/IID on the day immediately preceding the effective date of the change of operator, and the entering operator has a valid Medicaid provider agreement for the ICF/IID during fiscal year 2014. A new ICF/IID is an ICF/IID for which an initial provider agreement is obtained during fiscal year 2014.

An existing ICF/IID's modified rate is its rate as determined in accordance with Revised Code provisions governing the Medicaid payment rates for ICFs/IID with the following modifications:

(1) In place of the inflation adjustment otherwise made in determining the ICF/IID's rate for other protected costs, its other protected costs, excluding the franchise permit fee component of those costs, from calendar year 2012 is to be multiplied by 1.014.

(2) In place of the maximum cost per case-mix unit otherwise established for the ICF/IID's peer group, its maximum costs per case-mix unit is to be \$123.05 if it has more than eight beds or \$117.22 if it has eight or fewer beds.

(3) In place of the inflation adjustment otherwise calculated in determining the ICF/IID's rate for direct care costs, an inflation adjustment of 1.014 is to be used.

(4) In place of the maximum rate for the indirect care costs of the ICF/IID's peer group, the maximum rate for the indirect care costs for its peer group is to be \$68.98 if it has more than eight beds or \$59.60 if it has eight or fewer beds.

(5) In place of the inflation adjustment otherwise calculated in determining the ICF/IID's rate for indirect care costs, an inflation adjustment of 1.014 is to be used.



(6) In place of the efficiency incentive otherwise calculated in determining its rate for indirect care costs, its efficiency incentive for indirect care costs is to be \$3.69 if it has more than eight beds or \$3.19 if it has eight or fewer beds.

(7) The ICF/IID's efficiency incentive for capital costs is to be reduced by 50%.

A new ICF/IID's initial total modified rate is its initial rate as determined in accordance with a Revised Code provision governing the initial Medicaid payment rates for new ICFs/IID with the following modifications:

(1) In place of the initial rate for direct care costs otherwise determined for the ICF/IID when there is no cost or resident assessment data for the ICF/IID, its initial rate for direct care costs is to be determined as follows:

(a) Using the costs per case-mix units determined for ICFs/IID pursuant to the bill's provision governing ICFs/IID's fiscal year 2014 rates for direct care costs, determine the median of the costs per case-mix units of each peer group (see "**ICFs/IID's Medicaid rates for direct care costs**" above);

(b) Multiply the median determined above by the median of the averages determined for the ICFs/IID in the ICF/IID's peer group pursuant to the bill's provision governing ICFs/IID's fiscal year 2014 rates for direct care costs;

(c) Multiply the product determined above by 1.014.

(2) In place of the initial rate for indirect care costs otherwise determined for the ICF/IID, its initial rate for indirect care costs is to be \$69.98 if it has more than eight beds or \$59.60 if it has eight or fewer beds.

(3) In place of the initial rate for other protected costs otherwise determined for the ICF/IID, its initial rate for other protected costs is to be 115% of the median fiscal year 2014 rate determined for existing ICFs/IID.

A new ICF/IID's initial total modified rate is to be adjusted at the time new ICFs/IID's rates are ordinarily adjusted (see "**Adjustment of new ICFs/IID's initial Medicaid rates**" below). If the adjustment affects the ICF/IID's rate for services provided during fiscal year 2014, the modifications that are to be applied under the bill to existing ICFs/IID apply to the adjustment.

ODODD is required by the bill to reduce the amount it pays ICFs/IID for fiscal year 2014 if the U.S. Centers for Medicare and Medicaid Services requires that the ICF/IID franchise permit fee be reduced or eliminated. The amount of the reduction is to



reflect the loss to the state of the revenue and federal financial participation generated from the franchise permit fee.

Fiscal year 2015 Medicaid rates for ICF/IID services

(Section 259.210)

The bill provides for an existing or new ICF/IID's Medicaid payment rate for fiscal year 2015 to be its modified rates unless the mean of such rates for all existing and new ICFs/IID is other than \$282.77, in which case the ICF/IID's rate is to be adjusted by a percentage that equals the percentage by which the mean rate is greater or less than \$282.77. An ICF/IID is considered to be an existing ICF/IID if (1) the provider of the ICF/IID has a valid Medicaid provider agreement for the ICF/IID on June 30, 2014, and a valid Medicaid provider agreement for the ICF/IID during fiscal year 2015 or (2) the ICF/IID undergoes a change of operator that takes effect during fiscal year 2015, the exiting operator has a valid Medicaid provider agreement for the ICF/IID on the day immediately preceding the effective date of the change of operator, and the entering operator has a valid Medicaid provider agreement for the ICF/IID during fiscal year 2015. A new ICF/IID is an ICF/IID for which an initial provider agreement is obtained during fiscal year 2015.

An existing ICF/IID's modified rate is its rate as determined in accordance with Revised Code provisions governing the Medicaid reimbursement rates for ICFs/IID with the following modifications:

(1) In place of the inflation adjustment otherwise made in determining the ICF/IID's rate for other protected costs, its other protected costs, excluding the franchise permit fee component of those costs, from calendar year 2013 is to be multiplied by 1.014.

(2) In place of the maximum cost per case-mix unit otherwise established for the ICF/IID's peer group, its maximum costs per case-mix unit is to be \$114.37 if it has more than eight beds, \$109.09 if it has eight or fewer beds, or the different amount, if any, specified in a future amendment made by the General Assembly.

(3) In place of the inflation adjustment otherwise calculated in determining the ICF/IID's rate for direct care costs, an inflation adjustment of 1.014 is to be used.

(4) In place of the current grouper methodology established in rules, a new grouper methodology to be established in rules is to be used in determining its case-mix score.



(5) In place of the maximum rate for the indirect care costs of the ICF/IID's peer group, the maximum rate for the indirect care costs for its peer group is to be \$68.98 if it has more than eight beds or \$59.60 if it has eight or fewer beds.

(6) In place of the inflation adjustment otherwise calculated in determining the ICF/IID's rate for indirect care costs, an inflation adjustment of 1.014 is to be used.

(7) In place of the efficiency incentive otherwise calculated in determining its rate for indirect care costs, its efficiency incentive for indirect care costs is to be \$3.69 if it has more than eight beds or \$3.19 if it has eight or fewer beds.

(8) The ICF/IID's efficiency incentive for capital costs is to be reduced by 50%.

A new ICF/IID's initial total modified rate is its initial rate as determined in accordance with a Revised Code provision governing the initial Medicaid payment rates for new ICFs/IID with the following modifications:

(1) In place of the initial rate for direct care costs otherwise determined for the ICF/IID when there is no cost or resident assessment data for the ICF/IID, its initial rate for direct care costs is to be determined as follows:

(a) Using the costs per case-mix units determined for ICFs/IID pursuant to the bill's provision governing ICFs/IID's fiscal year 2014 rates for direct care costs, determine the median of the costs per case-mix units of each peer group (see "**ICFs/IID's Medicaid rates for direct care costs**" above);

(b) Multiply the median determined above by the median annual average case-mix score for its peer group for calendar year 2013;

(c) Multiply the product determined above by 1.014.

(2) In place of the initial rate for indirect care costs otherwise determined for the ICF/IID, its initial rate for indirect care costs is to be \$69.98 if it has more than eight beds or \$59.60 if it has eight or fewer beds.

(3) In place of the initial rate for other protected costs otherwise determined for the ICF/IID, its initial rate for other protected costs is to be 115% of the median fiscal year 2015 rate determined for existing ICFs/IID.

A new ICF/IID's initial total modified rate is to be adjusted at the time new ICFs/IID's rates are ordinarily adjusted (see "**Adjustment of new ICFs/IID's initial Medicaid rates**" below). If the adjustment affects the ICF/IID's rate for services

provided during fiscal year 2015, the modifications that are to be applied under the bill to existing ICFs/IID apply to the adjustment.

ODODD is required by the bill to reduce the amount it pays ICFs/IID for fiscal year 2015 if the U.S. Centers for Medicare and Medicaid Services requires that the ICF/IID franchise permit fee be reduced or eliminated. The amount of the reduction is to reflect the loss to the state of the revenue and federal financial participation generated from the franchise permit fee.

The bill requires the ODODD Director to study certain issues related to ICFs/IID's fiscal year 2015 rates. The Director is to study the issues in consultation with the Ohio Provider Resource Association, Values and Faith Alliance, Ohio Association of County Boards of Developmental Disabilities, Ohio Health Care Association/Ohio Centers for Intellectual Disabilities. The Director and organizations are to study all of the following:

(1) Establishing a new grouper methodology to be used when determining ICFs/IID's case-mix scores for fiscal year 2015;

(2) Whether the maximum costs per case-mix units established by the bill (\$114.37 for ICFs/IID with more than eight beds and \$109.09 for ICFs/IID with eight or fewer beds) are set at levels that will avoid or minimize rate reductions for fiscal year 2015;

(3) Specifying additional diagnoses and special care needs that individuals must have to meet the criteria for admission to designated outlier ICFs/IID or units and sources of funding for, or mechanisms to ensure the budget neutrality of, the additional diagnoses and special care needs.

The Director is required to adopt rules not later than March 31, 2014, to do the following:

(1) If the Director and organizations with which the Director consults for the studies discussed above agree, not later than December 31, 2013, to the terms of a new grouper methodology, prescribe a new methodology that is consistent with the agreed upon terms.

(2) If the Director and organizations do not agree on such terms by that date, prescribe a new grouper methodology that provides for at least six classes based on data available to the Director on the day immediately before the effective date of this provision of the bill.

(3) Specify additional diagnoses and special care needs that individuals must have to meet the criteria for admission to designated outlier ICFs/IID or units.

The bill requires the Director and organizations, if they agree that the maximum costs per case-mix units established by the bill are not set at levels that will avoid or minimize rate reductions for fiscal year 2015, to recommend that the General Assembly revise the maximums. The recommendations are to be made not later than March 31, 2014. The bill states the General Assembly's intent to revise the maximums if the Director and organizations recommend the revisions.

Reduction in number of ICF/IID beds

(R.C. 5124.67 (primary), 5124.01, 5124.63, and 5124.64; Section 125.11.03)

The bill requires ODODD to strive to achieve, not later than July 1, 2018, the following statewide reductions in ICF/IID beds:

(1) At least 500 and not more than 600 beds in ICFs/IID that, before becoming downsized ICFs/IID, have 16 or more beds;

(2) At least 500 and not more than 600 beds in ICFs/IID with any number of beds that convert some or all of their beds from providing ICF/IID services to providing home and community-based services under ODODD-administered Medicaid waiver programs.

In its efforts to achieve these reductions, ODODD must collaborate with the Ohio Association of County Boards Serving People with Developmental Disabilities, the Ohio Provider Resource Association, the Ohio Centers for Intellectual Disabilities formed by the Ohio Health Care Association, and the Values and Faith Alliance. The collaboration efforts may include the following:

(1) Identifying ICFs/IID that may reduce the number of their beds to help achieve the reductions;

(2) Encouraging ICFs/IID to reduce the number of their beds;

(3) Establishing interim time frames for making progress in achieving the reductions;

(4) Creating incentives for, and removing impediments to, the reductions;

(5) In the case of ICF/IID beds that are converted to providing home and community-based services, developing a mechanism to compensate ICFs/IID for beds that permanently cease to provide ICF/IID services.



ODODD must meet not less than twice each year with the organizations specified above to do the following:

- (1) Review the progress being made in achieving the reductions;
- (2) Prepare written reports on the progress;
- (3) Identify additional measures needed to achieve the reductions.

Current law limits to 500 (1) the number of Medicaid waiver slots for which the ODM Director may seek federal approval as part of continuing law regarding ICFs/IID that convert to providing home and community-based services under ODODD-administered Medicaid waiver programs and (2) the number of ICF/IID beds that may be so converted. The bill increases these limits to 600 to match the ICF/IID bed reductions the bill requires ODODD to seek to achieve.

Medicaid cost reports

(R.C. 5124.10 (primary), 5124.01, 5124.101, 5124.102, 5124.107, 5124.108, 5124.109, and 5124.522)

Cost report deadline extension

Generally, ICFs/IID are required by continuing law to file annual cost reports with ODODD. Cost reports are a factor in determining the Medicaid payment rates for ICFs/IID.

An annual cost report is to cover the calendar year or portion of the calendar year during which an ICF/IID participated in the Medicaid program. It is due not later than 90 days after the end of the calendar year, or portion of the calendar year, that the cost report covers. However, ODODD, for good cause, may grant a 14-day extension of the time for filing a cost report on written request from an ICF/IID.

There are exceptions to the requirement discussed above. A new ICF/IID is to submit a cost report not later than 90 days after the end of its first three full calendar months of operation. An ICF/IID that undergoes a change of provider that is an arm's length transaction is to submit a cost report not later than 90 days after the end of its first three full calendar months of operation under the new provider. A new ICF/IID that opens, and an ICF/IID that undergoes a change of provider that is an arm's length transaction after the first day of October in a calendar year is not required to file a cost report for that calendar year. ODODD's authority to extend a 14-day extension to file an annual cost report does not expressly apply to a cost report for a new ICF/IID or an

ICF/IID that undergoes a change of provider that is an arm's length transaction. The bill expressly applies the 14-day extension authority to such cost reports.

Cost reports for downsized, partially converted, and new ICFs/IID

The bill permits an ICF/IID that becomes a downsized ICF/IID or partially converted ICF/IID on or after July 1, 2013, to file with ODODD a cost report sooner than it otherwise would if it meets certain conditions. To be able to file a cost report sooner than it otherwise would, a downsized or partially converted ICF/IID must have either of the following on the day it becomes a downsized ICF/IID or partially converted ICF/IID:

(1) A Medicaid-certified capacity that is at least 10% less than its Medicaid-certified capacity on the day immediately preceding the day it becomes a downsized ICF/IID or partially converted ICF/IID;

(2) At least five fewer beds certified as ICF/IID beds than it has on the day immediately preceding the day it becomes a downsized ICF/IID or partially converted ICF/IID.

The bill also permits a new ICF/IID to file a cost report if its beds are from a downsized ICF/IID and the downsized ICF/IID has either of the following on the day it becomes a downsized ICF/IID:

(1) A Medicaid-certified capacity that is at least 10% less than its Medicaid-certified capacity on the day immediately preceding the day it becomes a downsized ICF/IID;

(2) At least five fewer ICF/IID-certified beds than it had on the day immediately preceding the day it becomes a downsized ICF/IID.

The cost report of a downsized ICF/IID or partially converted ICF/IID is to cover the period that begins with the day that it becomes a downsized ICF/IID or partially converted ICF/IID and ends on the last day of the last month of the first three full months of operation as a downsized ICF/IID or partially converted ICF/IID. The cost report of a new ICF/IID is to cover the period that begins with the day that the ICF/IID's provider agreement takes effect and ends on the last day of the last month of the first full three months that the provider agreement is in effect. ODODD must refuse to accept a cost report if either of the following apply:

(1) Unless ODODD grants a 14-day extension for good cause, the ICF/IID fails to file the cost report not later than 90 days after the last day of the period the cost report covers;



(2) The cost report is incomplete or inadequate.

If ODODD accepts a cost report, it must use the cost report to determine the ICF/IID's Medicaid payment rate for ICF/IID services the ICF/IID provides during a certain period. In the case of an ICF/IID that becomes a downsized or partially converted ICF/IID, the period is to begin on the day that the ICF/IID becomes a downsized or partially converted ICF/IID if that day is the first day of a month or, if that is not the case, the first day of the month immediately following the month that the ICF/IID becomes a downsized or partially converted ICF/IID. In the case of a new ICF/IID, the period is to begin on the day that the ICF/IID's provider agreement takes effect. The period is to end for all ICFs/IID on the last day of the fiscal year that immediately precedes the fiscal year for which the ICF/IID begins to be paid a rate determined using its next, or, in the case of a new ICF/IID, first, annual cost report. An ICF/IID is to file its next or first annual cost report at the regular time for filing the annual cost report if the ICF/IID becomes a downsized or partially converted ICF/IID on or before the first day of October or, in the case of a new ICF/IID, the ICF/IID's provider agreement takes effect on or before that date. The annual cost report is to cover the portion of the first calendar year that the ICF/IID operated as a downsized or partially converted ICF/IID or, in the case of a new ICF/IID, the portion of the first calendar year during which its provider agreement was in effect. If an ICF/IID becomes a downsized or partially converted ICF/IID after the first day of October or if a new ICF/IID's provider agreement takes effect after that date, the ICF/IID is not required to file an annual cost report for that calendar year but must file an annual cost report for the immediately following calendar year.

Adjustment of new ICFs/IID's initial Medicaid rates

(R.C. 5124.151)

The bill revises the law governing when ODODD is to adjust a new ICF/IID's initial total Medicaid payment rate. Under current law, ODODD is to adjust a new ICF/IID's initial total rate at both of the following times:

- (1) On the first day of July to reflect new rate determinations for all ICFs/IID;
- (2) Following the ICF/IID's submission of its first cost report which is due not later than 90 days after the end of the ICF/IID's first three full months of operation.

The bill eliminates the requirement for ODODD to adjust a new ICF/IID's initial total rate following the ICF/IID's submission of its first cost report. In addition, the bill requires ODODD to adjust a new ICF/IID's initial total rate in accordance with the bill's provisions regarding cost reports for new ICFs/IID that obtain their beds from downsized ICFs/IID rather than on the first day of July if ODODD accepts a cost report



from the ICF/IID under those provisions. (See "**Cost reports for downsized, partially converted, and new ICFs/IID**" above.)

ICF/IID Medicaid rate reconsideration

(R.C. 5124.38)

Under current law, ODODD must increase an existing ICF/IID's Medicaid payment rate for capital costs through a rate reconsideration process when Medicaid-certified beds are added to the ICF/IID or replaced at the same site. The bill provides that ODODD is permitted, rather than required, to make such a rate increase.

Evaluation of Medicaid payment rate formula for ICFs/IID

(Section 259.230)

H.B. 153 of the 129th General Assembly required ODM (ODJFS at the time H.B. 153 was enacted) and ODODD to study issues regarding Medicaid payment rates for ICF/IID services. A workgroup was created to assist with the study. The bill requires that ODODD retain the workgroup for the purpose of assisting ODODD during fiscal years 2014 and 2015 with an evaluation of revisions to the formula used to determine Medicaid payment rates for ICF/IID services. In conducting the evaluation, ODODD and the workgroup must (1) focus primarily on the service needs of individuals with complex challenges that ICFs/IID are able to meet, (2) pursue the goal of reducing the Medicaid-certified capacity of individual ICFs/IID and the total number of ICF/IID beds in the state for the purpose of increasing the service choices and community integration of individuals eligible for ICF/IID services, and (3) consider the impact that exception reviews have on ICFs/IID's case-mix scores.

Use of county subsidies to pay nonfederal share of ICF/IID services

(Section 259.240)

The bill requires the ODODD Director to pay the nonfederal share of a claim for ICF/IID services using funds otherwise appropriated for subsidies to county DD boards if (1) Medicaid covers the ICF/IID services, (2) the ICF/IID services are provided to a Medicaid recipient who is eligible for the ICF/IID services and the recipient does not occupy a bed in the ICF/IID that used to be included in the Medicaid-certified capacity of another ICF/IID certified by the ODH Director before June 1, 2003, (3) the ICF/IID services are provided by an ICF/IID whose Medicaid certification by the ODH Director was initiated or supported by a county DD board, and (4) the provider of the ICF/IID services has a valid Medicaid provider agreement for the services for the time that the services are provided.

ICF/IID franchise permit fee

(R.C. 5168.60)

Continuing law imposes an annual assessment on ICFs/IID. The assessment is termed a "franchise permit fee." Revenue raised by the franchise permit fee is to be used for the expenses of the programs ODODD administers and ODODD's administrative expenses.

The bill revises the rate at which the ICF/IID franchise permit fee is assessed. The rate is currently \$18.32 per bed per day. Under the bill, the rate is \$18.24 for fiscal year 2014 and \$18.17 for fiscal year 2015 and thereafter.

Decision-making by individuals with IID/DD

(R.C. 5126.043)

Current law provides that an individual with mental retardation or a developmental disability is allowed to make decisions regarding receipt of a service or participation in a program provided for, or funded under, state law governing ODODD or county DD boards unless a guardian has been appointed for the individual. The bill provides that such an individual also may make decisions regarding ICF/IID services.

Home and community-based services

Medicaid rates for certain Individual Options (IO) services

(Section 259.250)

H.B. 153 of the 129th General Assembly required ODODD to increase the rate paid to a provider under the IO Medicaid waiver by 52¢ for each 15 minutes of routine homemaker/personal care provided to an individual for up to a year if all of the following applied:

(1) The individual was a resident of a developmental center immediately prior to enrollment in the waiver;

(2) The provider began serving the individual on or after July 1, 2011;

(3) The ODODD Director determined that the increased rate was warranted by the individual's special circumstances, including the individual's diagnosis, service needs, or length of stay at the developmental center, and that serving the individual through the IO waiver was fiscally prudent for the Medicaid program.



The bill continues the rate increase for fiscal years 2014 and 2015 and provides for the higher rate to be provided under more circumstances. The higher rate is to be paid for routine homemaker/personal care services to which both of the following apply:

(1) The services are provided to an IO waiver enrollee (a) who began to receive the services from the provider on or after July 1, 2011, (b) who resided in a developmental center, converted facility,³⁴ or public hospital immediately before enrolling in the IO waiver, and (c) for whom the ODODD Director has determined that paying the higher rate is warranted because of the enrollee's special circumstances, including the enrollee's diagnosis, service needs, or length of stay at the developmental center, converted facility, or public hospital.

(2) The provider of the services has a valid Medicaid provider agreement for the services for the period during which the enrollee receives the services from the provider.

A provider is to receive the regular Medicaid payment rate rather than the rate discussed above if ODODD sets the regular rate at an amount higher than the rate discussed above.

Fees charged county DD boards for home and community-based services

(R.C. 5123.0412; Section 323.390)

Continuing law requires ODODD to charge each county DD board an annual fee equal to 1.25% of the total value of all Medicaid paid claims for home and community-based services provided during the year to an individual eligible for services from the county DD board. No fee is to be charged, however, for home and community-based services provided under the Transitions Developmental Disabilities waiver program.

Under current law, the fees are deposited into two funds: the ODODD Administration and Oversight Fund and the ODJFS Administration and Oversight Fund. ODODD and ODJFS are required to enter into an interagency agreement to specify which portion of the fees is to be deposited into each fund respectively.

The bill abolishes the ODJFS Administration and Oversight Fund and provides for all of the fees to be deposited into the ODODD Administration and Oversight Fund.

³⁴ A converted facility is an ICF/IID, or former ICF/IID, that converted some or all of its beds to providing home and community-based services under the IO waiver.

County DD board share of nonfederal Medicaid expenditures

(Section 259.60)

The bill requires the ODODD Director to establish a methodology to be used in fiscal years 2014 and 2015 to estimate the quarterly amount each county DD board is to pay of the nonfederal share of the Medicaid expenditures for which the board is responsible. With certain exceptions, continuing law requires the board to pay this share for home and community-based services provided to an individual who the board determines is eligible for board services.³⁵ (ODODD was similarly required to establish the methodology for fiscal years 2012 and 2013.)

Each quarter, the Director must submit to the board written notice of the amount for which the board is responsible. The notice must specify when the payment is due.

Developmental center services

(Section 259.150)

The bill continues a temporary provision of H.B. 153 of the 129th General Assembly that permits an ODODD-operated residential center for persons with mental retardation and developmental disabilities (i.e., a developmental center) to provide services to persons with mental retardation and developmental disabilities living in the community or to providers of services to these persons. ODODD is permitted to develop a method for recovery of all costs associated with the provision of the services.

Innovative pilot projects

(Section 259.180)

For fiscal years 2014 and 2015, the bill continues a temporary provision of H.B. 153 of the 129th General Assembly that permits the ODODD Director to authorize innovative pilot projects that are likely to assist in promoting the objectives of state law governing ODODD and county DD boards. Under the bill, a pilot project may be implemented in a manner inconsistent with the laws or rules governing ODODD and county DD boards; however, the Director cannot authorize a pilot project to be implemented in a manner that would cause Ohio to be out of compliance with any requirements for a program funded in whole or in part with federal funds. Before authorizing a pilot project, the Director must consult with entities interested in the issue of developmental disabilities, including the Ohio Provider Resource Association, Ohio Association of County Boards of Developmental Disabilities, and ARC of Ohio.

³⁵ R.C. 5126.0510.

