
Executive**General****JFSCD24 County Share of Public Assistance Expenditures****R.C. 5101.16**

Reduces to 105% (from 110%) the maximum amount that a county may be required to pay, in comparison to the amount paid in the preceding fiscal year, for its share of public assistance expenditures.

Fiscal effect: Reduces the amount counties must pay of the annual increase in costs for administration of public assistance expenditures. Increases costs for the state to pick up the difference in costs between 105% and 110% that counties are currently paying.

JFSCD25 Recovery of Costs by County Family Service Agencies**R.C. 5101.183**

Expands to child support enforcement agencies (CSEAs) the authority to recover costs of services provided to persons who secured them through fraud or misrepresentation or intentionally diverted services to ineligible persons.

Permits county family service agencies to recover costs of benefits secured through fraud or misrepresentation or that were intentionally diverted to ineligible persons or to recover any other costs of benefits and services if recovery is required or permitted by federal law.

Fiscal effect: Gain in revenue to county agencies if costs are recovered.

JFSCD20 Recovering Excess Payments to Counties**R.C. 5101.244**

Permits ODJFS to take either or both of the following actions to collect an excess grant, allocation, advance, reimbursement, or cash draw made to a county entity performing family services duties: (1) require the county to enter into an agreement to repay the amount of the excess plus, at ODJFS's discretion, interest and (2) certify a claim to the Attorney General for collection.

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Specifies that the actions authorized by the bill may be taken in addition to or instead of the actions authorized by current law regarding the recovery of excess payments by adjusting, offsetting, withholding, or reducing other amounts to be paid to the county entity.

Fiscal effect: Gain in revenue if ODJFS recovers excess payments.

JFSCD28**Audits****R.C. 5101.37, 121.22**

Authorizes ODJFS, a county department of job and family services (CDJFS), or a child support enforcement agency (CSEA) to conduct audits (in addition to investigations) as necessary in furtherance of their duties.

Specifies that until an audit report is formally released by ODJFS, the audit report and any related documents or records are not public records.

Authorizes the ODJFS Director to adopt internal management rules, without an administrative hearing, as necessary to implement the law governing ODJFS, CDJFS, and CSEA audits and investigations.

Specifies that an audit conference conducted by the audit staff of ODJFS with the officials of the public office that is the subject of the audit is not a public meeting for the purpose of the Open Meetings Law.

Fiscal effect: Increase in costs to ODJFS, CDJFSs, and CSEAs if audits conducted.

JFSCD2**Administration and Operating****Section: 309.20.10**

Authorizes the OBM Director, on July 1, 2011, or as soon as possible thereafter, to transfer up to \$535,300 cash from Fund 5Z90, TANF Quality Control Reinvestments Fund, to Fund 5DM0, Administration and Operating Fund. Upon completion of the transfer, abolishes Fund 5Z90.

Requires ODJFS to use up to \$535,000 of appropriation item 600633, Administration and Operating, to pay for one-time contract expenses.

Executive**JFSCD3 Transfer to State and County Shared Services Fund****Section: 309.20.20**

Requires the OBM Director, within 30 days of the effective date H.B. 153, or as soon as possible thereafter, to transfer the unencumbered cash balance in Fund 5N10, County Technologies Fund to Fund 5HL0, State and County Shared Services Fund. Appropriates the transferred cash.

JFSCD4 Agency Fund Group**Section: 309.20.30**

Specifies that the Agency Fund Group (AGY) and the Holding Account Redistribution Fund Group (7090) are to be used to hold revenues until the appropriate fund is determined or until the revenues are directed to another governmental agency other than ODJFS. Permits the ODJFS Director to request the OBM Director to authorize expenditures from AGY Fund 1920, Support Intercept-Federal, AGY Fund 5830, Support Intercept-State, AGY Fund 5B60, Food Stamp Offset, and 7090 Fund R012, Refunds and Audit Settlements, and 7090 Fund R013, Forgery Collections, if receipts credited to these funds exceed appropriations. Appropriates the additional amounts upon approval of the OBM Director.

Child Care**JFSCD19 Payment for Publicly Funded Child Care****R.C. 5104.32, 5104.341, 5104.35, 5104.37,
5104.38, 5104.39, 5104.42, and 5104.43**

Eliminates provisions under which county departments of job and family services are or may be given responsibilities for contracting with and reimbursing providers of publicly funded child care, thereby giving ODJFS sole responsibility for contracting and reimbursing the providers.

Permits ODJFS, when it determines that expenditures for publicly funded child care will exceed available federal and state funds, to change the schedule of fees to be paid by eligible caretaker parents and the rate of payment to providers of publicly funded child care.

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Requires ODJFS to adopt rules that specify the standards and procedures for determining a higher payment to child care providers based on special needs of the child being served, if ODJFS establishes a different reimbursement ceiling based on that criteria.

Fiscal effect: Reduces costs if fee schedule and payment rates are reduced due to lack of federal and state funds to cover child care costs.

Child Support Enforcement**JFSCD26 State Employee Child Support Fund****R.C. 125.213**

Creates the State Employee Child Support Fund for the purpose of collecting all money withheld or deducted from the wages and salaries of state officials and employees pursuant to child support orders.

Fiscal effect: None.

JFSCD18 Child Support Custodial Fund**R.C. 3121.48**

Requires the Office of Child Support to administer a fund, rather than maintain an account, for the deposit of support payments it receives and designates the Treasurer of State as custodian of the fund, which is not to be part of the state treasury.

Fiscal effect: None.

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Child Welfare and Adoption**JFSCD11 Differential Response**

**R.C. 2151.011, 2151.412, 2151.421, 2151.424,
2151.429, 2152.72, and Section 309.50.10**

Requires a public children services agency, in accordance with rules that ODJFS is required to adopt, to prepare and maintain a case plan or family service plan for any child the agency is providing in-home services pursuant to a family assessment response, requires a court to journalize a case plan for unruly or delinquent children subject to protective supervision, and allows a public children services agency to use a "family assessment response" or "investigative assessment response" to a report of child abuse or neglect.

Requires ODJFS to plan the statewide expansion of the Ohio Alternative Response Pilot Program on a county by county basis, through a schedule determined by ODJFS. Specifies that the program will be known as "differential response." Authorizes ODJFS to adopt rules to carry out this provision.

Fiscal effect: Potential decrease in costs over time.

JFSCD21 Children's Trust Fund Rulemaking

R.C. 3109.16

Permits the Children's Trust Fund Board to request that ODJFS adopt rules the Board considers necessary to carry out its responsibilities and permits ODJFS to adopt the requested rules or any other rules to assist the Board in carrying out its duties.

Fiscal effect: Minimal increase in costs if rules adopted.

JFSCD17 Transfer of Money from Public Assistance Fund to Children Services Fund

R.C. 5705.14

Authorizes the transfer of money from the Public Assistance Fund to the Children Services Fund as long as the money may be spent for the purposes of the Children Services Fund.

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Fiscal effect: Revenue gain to Children Services Fund if transfer is made.

JFSCD12 Flexible Funding for Families and Children

Section: 309.50.20

Authorizes a county department of job and family services or public children services agency that receives an allocation from ODJFS from GRF appropriation item 600523, Children and Families Services, or 600533, Child, Family, and Adult Community & Protective Services, in collaboration with the county family and children first council, to transfer a portion of either or both allocations to a flexible funding pool.

JFSCD14 Adoption Assistance Loan

Section: 309.50.40

Authorizes ODJFS to use up to ten percent of SSR appropriation item 600634, Adoption Assistance Loan, for administration of adoption assistance loans.

Fiscal effect: ODJFS may use up to \$200,000 to administer adoption assistance loans.

Title IV-A Temporary Assistance for Needy Families

JFSCD10 Child Support Collections/TANF MOE

Section: 309.40.40

Requires that GSF Fund 4A80 appropriation item 600658, Child Support Collections, be used by ODJFS to meet the TANF maintenance of effort (MOE) requirements. Specifies that once the state is assured that it will meet the MOE requirements, ODJFS may use the funds from the appropriation item to support public assistance activities.

Fiscal effect: Persons receiving child support and OWF cash assistance are required to assign ODJFS to receive their child support payments to cover part of their cash assistance benefits. These funds are deposited into GSF Fund 4A80 and expended through appropriation item 600658. ODJFS plans to use \$34 million in each fiscal year to meet the state's TANF MOE requirements.

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Medicaid**JFSCD80 State-Funded Components of PASSPORT and Assisted Living**

R.C. *173.40, 173.401, 173.404, 173.42, 3721.56, 5111.85, 5111.89, 5111.891, 5111.892, 5111.893 (Renumbered 5111.892), 5111.894, and 5111.971*

Creates state-funded, non-Medicaid components of the PASSPORT and Assisted Living programs.

Provides for individuals who have applications pending for the Medicaid-funded components of the PASSPORT and Assisted Living programs and meet other requirements to qualify for the state-funded components for up to three months.

Provides that certain other individuals qualify for the state-funded component of the PASSPORT program for an unlimited number of months.

Provides that the Home First processes for the PASSPORT and Assisted Living programs apply only to the Medicaid components of those programs.

Fiscal effect: No net effect.

JFSCD63 Nursing Home and Hospital Long-Term Care Unit Franchise Permit Fees

R.C. *3721.50, 3721.51, 3721.56 (Repealed), 3721.561 (Renumbered 3721.56), 3721.58, 3721.56, 3769.08, 3769.20, and 3769.26; Section 512.80*

Sets the base rate for the franchise permit fee charged nursing homes and hospital long-term care units at \$11.38 for FY 2012 and \$11.60 for FY 2013 and thereafter.

Provides for the percentage that is used in determining whether the franchise permit fee must be reduced in order for the fee to comply with federal restrictions to change in accordance with the federal restrictions.

Abolishes the Home- and Community-Based Services for the Aged Fund (Fund 4J50).

Renames the Nursing Facility Stabilization Fund (Fund 5R20) the Nursing Home Franchise Permit Fee Fund (Fund 5R20).

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Provides for all money raised by the franchise permit fee and associated penalties to be deposited into Fund 5R20, provides for the money in the fund to be used to make Medicaid payments to providers of home and community-based services as well as providers of NF services, and permits the money in the fund to also be used for the RSS Program. Abolishes the PASSPORT Fund.

Provides for the money raised by horse-racing-related taxes that is currently deposited into the PASSPORT Fund (Fund 4U90) to be instead deposited into Fund 5R20 but continues to require that the money be used for the PASSPORT Program.

Transfers any cash balances to the Nursing Home Franchise Permit Fee Fund (Fund 5R20), used by ODJFS. Additionally, cancels any existing encumbrances against appropriation item 490602, PASSPORT Fund, and reestablishes them against appropriation item 600613, Nursing Facility Bed Assessments. Appropriates any reestablished encumbrance amounts.

Fiscal effect: Estimated \$14,564,097 reduction in franchise fee revenue in FY 2012. (Assuming the rate changes from \$11.95 in FY 2011 to \$11.38 in FY 2012.) Reduction in franchise fee revenue in FY 2013. (Assuming the rate changes from \$11.95 to \$11.60 in FY 2013.)

JFSCD35**Medicaid Recipient Audits**

**R.C. 5101.181, 145.27, 742.41, 3307.20, 3309.22,
4123.27, 5101.82, and 5505.04**

Repeals a provision that requires the State Auditor to determine whether overpayments were made on behalf of every medical assistance recipient and replaces it with one authorizing the State Auditor to conduct an audit of an individual medical assistance recipient on the request of the ODJFS Director.

Requires the State Auditor to enter into an interagency agreement with ODJFS governing the confidentiality of information the Auditor receives from ODJFS pursuant to an audit of a medical assistance recipient.

For purposes of determining overpayments to public assistance recipients (other than medical assistance recipients), authorizes (rather than requires) the ODJFS Director to (1) furnish quarterly the name and social security number of each public assistance recipient to the ODAS Director, the OBWC Administrator, and each of the state's retirement boards, and (2) furnish semiannually the name and social security number of each public assistance recipient to the Tax Commissioner.

Associated with the authority to audit medical assistance recipients, eliminates the State Auditor's authority to enter into a reciprocal agreement with the ODJFS Director or comparable officer of any other state for the exchange of names, addresses, or social security numbers of medical assistance recipients, and instead requires the Auditor and Attorney

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General to comply with the bill's provisions governing the disclosure of information about medical assistance recipients.

Fiscal effect: None.

JFSCD36 Disclosure of Information Regarding Medical Assistance Recipients

**R.C. *5101.26, 5101.271, 5101.272, 5101.273,
5101.28, and 5101.30***

Replaces provisions governing the disclosure of information about medical assistance recipients.

Eliminates the authority of ODJFS or a CDJFS to request from a law enforcement agency information regarding a medical assistance recipient that ODJFS or the CDJFS can use for purposes of determining whether the recipient or a member of the recipient's assistance group is a fugitive felon or is violating a condition of probation, a community control sanction, parole, or a post-release control sanction.

Eliminates a provision explicitly authorizing ODJFS, a CDJFS, and their employees to report to a PCSA or other appropriate agency information on known or suspected physical or mental injury, sexual abuse or exploitation, or negligent treatment or maltreatment, of a child receiving medical assistance.

Fiscal effect: None.

JFSCD31 Eligibility Determinations for Medicaid and CHIP

R.C. *5101.47, 5111.012*

Permits ODJFS to enter into agreements with other state agencies, local government entities, or political subdivisions to accept applications and make eligibility determinations on ODJFS's behalf for Medicaid and CHIP.

Fiscal effect: None.

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JFSCD93 Children's Buy-In Program

R.C. 5101.5211, (Repealed) 9.231, 9.24, 127.16, 1751.01, 1751.04, 1751.11, 1751.111, 1751.12, 1751.13, 1751.15, 1751.17, 1751.20, 1751.31, 1751.34, 1751.60, 1751.89, 2744.05, 3111.04, 3113.06, 3119.54, 3901.3814, 3923.281, 3963.01, 4731.65, 4731.71, 5101.26, 5111.5212 - 5101.5216 (All Repealed), 5101.571, 5101.58, 5111.0112, 5111.941, Section 309.33.60

Abolishes the Children's Buy-In Program.

Establishes the following timeframes for concluding the Program's affairs: (1) suspends new enrollments immediately, (2) repeals the Program statutes on October 1, 2011, and (3) permits persons enrolled in the Program when it is repealed to continue receiving services through December 31, 2011.

Fiscal effect: Appropriation is reduced from \$10 million to \$1 million.

JFSCD37 Medicaid Right of Recovery Against Liable Third Parties

R.C. 5101.573

Extends from three to six years after the date of service (1) the time period in which a third party must respond to an inquiry by ODJFS regarding a Medicaid claim, and (2) the time period in which a third party cannot deny a Medicaid claim solely on the basis of the date of submission of the claim, type or format of the claim form, or a failure by the Medicaid recipient to present proper documentation at the time of service.

Prohibits a third party from charging ODJFS or any of its authorized agents a fee for determining whether a Medicaid claim should be paid or processing a Medicaid claim if the claim was submitted not later than six years after the date of service.

Fiscal effect: May result in additional recovered funds from third parties.

Executive**JFSCD33 Compliance with Federal Maintenance of Effort Requirement****R.C. 5111.0122**

Except as otherwise authorized by the U.S. Secretary of Health and Human Services, requires ODJFS to comply with the federal MOE regarding Medicaid eligibility standards, methodologies, and procedures while the MOE requirement is in effect.

Fiscal effect: None.

JFSCD34 Reduction of Complexity in Medicaid Eligibility Determination Processes**R.C. 5111.0123**

Permits ODJFS, on receipt of any necessary federal approval, to reduce the complexity of the eligibility determination processes for the Medicaid Program caused by the different income and resource standards for the numerous Medicaid eligibility categories.

Fiscal effect: No impact for the current biennium. Potential administrative savings beyond the current biennium.

JFSCD56 Maximum Medicaid Reimbursement Rate**R.C. 5111.021**

Prohibits the Medicaid reimbursement rate to a hospital, NF, or ICF/MR from exceeding limits established in federal Medicaid regulations.

Eliminates authority for the Medicaid reimbursement rate to a provider not described above to exceed the authorized Medicare reimbursement limit for the same service.

Fiscal effect: Estimated \$1 million (\$373,000 state share) in FY 2012 and \$2 million (\$743,000 state share) in FY 2013.

Executive**JFSCD55 Public Notice of Proposed Changes to Medicaid Rates****R.C. 5111.0212**

Requires the ODJFS Director, as necessary to comply with federal law, to give public notice in the Register of Ohio of any change to a method or standard used to determine the Medicaid reimbursement rate for a service.

Fiscal effect: None.

JFSCD57 Medicaid Rates for Aide and Nursing Services**R.C. 5111.0213**

Requires ODJFS to reduce, not later than October 1, 2011, the Medicaid program's first-hour-unit price for aide and nursing services in a manner that reflects, at a minimum, labor market data that shows the non-Medicaid reimbursement rates for such or similar services.

Requires ODJFS to strive to adjust the Medicaid reimbursement rates paid on and after July 1, 2012, for aide and nursing services provided as home care and requires that the adjustment reflect, at a minimum, labor market data, education and licensure status, home health agency and non-agency provider status, and length of service visit.

Fiscal effect: Estimated savings of \$15 million (\$5.4 million state share) in FY 2012 and \$20 million (\$7.2 million) in FY 2013.

JFSCD49 No Medicaid Payments for Provider-Preventable Conditions**R.C. 5111.0214**

Prohibits ODJFS from knowingly making a Medicaid payment for a provider-preventable condition for which federal financial participation is prohibited.

Fiscal effect: None. (Change required under federal law.)

Executive**JFSCD50 Medicaid Electronic Health Record Incentive Payment Program****R.C. 5111.0215, 309.35.20**

Authorizes ODJFS to establish an incentive payment program, as authorized by federal law, to encourage the use of electronic health record technology by certain Medicaid providers.

Specifies procedures for appealing ODJFS's determination regarding the amount or denial of an incentive payment.

Permits ODJFS to seek Controlling Board approval to make expenditures from the Balancing Incentive Payments Program Fund.

Fiscal effect: \$411.7 million in FY 2012 and \$416.4 million (all federal funds).

JFSCD52 Medicaid Payments to Organization on Behalf of Providers**R.C. 5111.051**

Permits the ODJFS Director to implement a system under which payments for services provided under the Medicaid Program are made to an organization on behalf of the providers.

Fiscal effect: None.

JFSCD51 Electronic Claims Submission Process**R.C. 5111.052**

Requires certain Medicaid providers, no later than January 13, 2013, to submit all Medicaid reimbursement claims through an electronic claims submission process and to arrange for receipt of Medicaid reimbursement by electronic funds transfer.

Excludes the following from the electronic claims submission requirement: NFs, ICFs/MR, Medicaid MCOs, and any other providers designated by the ODJFS Director.

Fiscal effect: May reduce administrative costs.

Executive**JFSCD54 Automatic Suspension of Medicaid Provider Agreements****R.C. 5111.06, 5111.031, and 5111.035**

Enacts in Ohio law a requirement, established by the federal health care reform law, that ODJFS generally suspend a Medicaid provider agreement and terminate the provider's Medicaid reimbursement, without a hearing but subject to a notice containing certain information, on determining that a "credible allegation of fraud" against the provider exists.

Authorizes a Medicaid provider affected by a suspension to request reconsideration of the suspension and associated termination of reimbursement.

Authorizes ODJFS to take any of several disciplinary actions, without a hearing, against an existing Medicaid provider agreement or an application for a provider agreement when the action is based on a disciplinary action taken by another state's Medicaid agency or for other reasons specified under the federal health care reform law.

Fiscal effect: None. (Required by federal law.)

JFSCD53 Application Fees for Medicaid Provider Agreements**R.C. 5111.063, 5111.06, and 5111.94; Section
309.37.10**

Requires ODJFS to charge an application fee to a provider seeking to enter into or renew a Medicaid provider agreement unless the provider is exempt under a federal regulation.

Provides for the amount of the fee to be set in rules but prohibits the fee from exceeding the amount that is necessary to pay for the expense of implementing provider screening requirements established by federal regulations.

Requires that the fees be deposited into the Health Care Services Administration Fund. Specifies that If receipts credited to the fund exceed the amounts appropriated from the fund, the ODJFS Director may seek Controlling Board approval to increase the appropriations in appropriation item 600654, Health Care Services Administration.

Fiscal effect: Offsetting revenue and expenditures.

Executive**JFSCD58 Federal Upper Limit for Drugs****R.C. 5111.085**

Prohibits the Medicaid payment for a drug that is subject to a federal upper reimbursement limit from exceeding, in the aggregate, the federal limit for the drug.

Fiscal effect: None. (Complying with federal law.)

JFSCD40 Enrollment of Medicaid Recipients in Group Health Plans**R.C. 5111.13**

Permits, rather than requires, implementation of a program under which Medicaid recipients are enrolled in group health plans when doing so is cost-effective.

Fiscal effect: None.

JFSCD39 Medicaid Health Homes**R.C. 5111.14**

Authorizes implementation of the federal Medicaid option of providing coordinated care through "health homes" to Medicaid recipients with chronic conditions.

Fiscal effect: Estimated to cost \$900,000 (\$90,000 state share) in FY 2012 and \$46.4 million (\$4.6 million state share) in FY 2013. Administrative costs of \$5.6 million (\$2.8 million state share) in FY 2012 and \$4.9 million (\$2.45 million state share) in FY 2013.

Executive**JFSCD32 Treatment of Trusts for Medicaid Eligibility Determinations****R.C. 5111.151**

Specifies that a provision governing how a trust must be treated for purposes of determining Medicaid eligibility may be used only for an initial Medicaid eligibility determination or an appeal of an initial Medicaid eligibility determination.

Prohibits a court from using the provision described above to determine a trust's effect on an individual's initial Medicaid eligibility determination.

Replaces the terms "countable resource" and "countable income" for purposes of the provision governing how a trust must be treated in making Medicaid eligibility determinations.

Restricts the contents of a pooled trust to the assets of a Medicaid applicant or recipient who is less than 65 years of age.

Fiscal effect: Minimal savings in administrative costs.

JFSCD41 Medicaid Managed Care for the Aged, Blind, or Disabled**R.C. 5111.16**

Authorizes ODJFS, if any necessary federal Medicaid waiver is granted, to designate aged, blind, or disabled Medicaid recipients who are individuals under age 21, NF residents, recipients of Medicaid waiver home and community-based services, and individuals dually eligible for Medicaid and Medicare as those who are permitted or required to participate in the Medicaid managed care system.

Fiscal effect: None.

JFSCD42 Pediatric Accountable Care Organizations**R.C. 5111.161**

Permits ODJFS to develop a system for providing care management services to aged, blind, or disabled children who are included in the Medicaid managed care system.

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Authorizes ODJFS to provide for the care management services by doing either or both of the following: (1) entering into contracts with pediatric care organizations or (2) requiring Medicaid MCOs to enter into subcontracts with entities to provide the care management services.

Requires ODJFS to adopt rules establishing criteria to receive a contract or subcontract to provide the care management services.

Provides that, if ODJFS does not adopt rules establishing contracting or subcontracting criteria by July 1, 2012, Medicaid MCOs must contract with an entity to provide the services, the entity must accept fee-for-service rates as payment for the services, and the rate that the Medicaid MCO receives from ODJFS for administrative expenses is reduced by 1%.

**Fiscal effect: Estimated net cost of \$87 million over the biennium. (Cost of \$375 million and savings of \$288 million.)
Estimated tax revenue of \$24.4 million in FY 2013.**

JFSCD43**Medicaid Managed Care Reimbursement Rate for Non-Contracting Hospitals****R.C. 5111.162**

Modifies a provision of existing law specifying that a hospital not under contract with a Medicaid MCO must provide services to Medicaid recipients enrolled in the organization and accept from the organization, as payment in full, the amount that would have been paid under the fee-for-service reimbursement system.

Extends the modified provision to any health care provider, including physicians, that is employed, owned, leased, managed, or otherwise controlled by a hospital system.

Fiscal effect: Estimated to save \$31.1 million (\$11.2 million state share) in FY 2012 and \$88.5 million (\$31.7 million state share) in FY 2013. Estimated loss in tax revenue (excluding local) of \$2 million in FY 2012 and \$5.8 million in FY 2013.

JFSCD45**Medicaid Managed Care Capital Payments****R.C. 5111.17**

Specifies that, ODJFS or its actuary is to base the hospital inpatient capital payment portion of the payment made to Medicaid MCOs on data for services provided to all Medicaid recipients enrolled in the organization as reported by hospitals.

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Fiscal effect: Estimated Savings of \$42 million (\$15.1 million state share) in FY 2012 and \$84 million (\$30.1 million state share) in FY 2013. Loss of tax revenue of \$3.5 million in FY 2012 and \$5.5 million in FY 2013.

JFSCD46 Medicaid Managed Care Performance Payment Program**R.C. 5111.179, Section 309.30.40**

Requires ODJFS to establish a Medicaid Managed Care Performance Payment Program to make payments to MCOs that meet performance standards established by ODJFS.

Requires ODJFS to withhold a percentage amount established by ODJFS, from each premium payment made to a MCO and requires the Director of the Office of Budget and Management (OBM) to make quarterly transfers of amounts to the bill's Managed Care Performance Payment Fund.

Requires the ODJFS Director to certify, at the beginning of each quarter, to the OBM Director the amount withheld for purposes of the program. Requires the OBM Director, upon receiving certification, to transfer cash in the amount certified from the GRF to the Managed Care Performance Payment Fund. Appropriates the transferred cash and reduces appropriation item 600525, Health Care/Medicaid, by the amount of the transfer.

Fiscal effect: None.

JFSCD67 Report on NF Medicaid-Rate Methodology**R.C. 5111.20, 5111.34 (Repealed)**

Repeals a provision that requires ODJFS to prepare an annual report containing recommendations on the methodology that should be used to transition paying NFs the Medicaid reimbursement rate for one fiscal year to the next fiscal year.

Fiscal effect: Minimal administrative savings.

Executive

JFSCD64 Medicaid Reimbursement Rates for NFs

**R.C. 5111.222, 5111.231, 5111.24, 5111.243
(Repealed), 5111.244, 5111.25, and 5111.254;
Sections 309.30.60 and 309.30.70**

For purposes of calculating NFs' Medicaid reimbursement rates for direct care costs, (1) alters the methodology for determining a peer group's cost per case-mix unit by adding \$1.88 to such costs determined for the NF in the peer group that is at the 25th percentile of such costs rather than calculating the amount that is 7% above such costs for that NF and (2) eliminates the \$1.88 adjustment when ODJFS first rebases NFs' direct care costs.

For purposes of calculating NFs' Medicaid reimbursement rates for ancillary and support costs, eliminates the 3% adjustment applied to such costs of the NF in each peer group that is at the 25th percentile of the rate for such costs.

For purposes of calculating NFs' Medicaid reimbursement rates for capital costs, (1) provides that a peer group's rate for capital costs is to be the capital costs for the NF in the peer group that is at the 25th percentile of the rate for capital costs rather than the peer group's median rate, (2) eliminates a requirement that ODJFS use information about construction costs obtained from the Dodge Building Cost Indexes when calculating adjustments used in determining the rate for capital costs, and (3) prohibits ODJFS from redetermining a peer group's rate for capital costs based on additional information that it receives after the rate is determined and provides for ODJFS to make a redetermination only if ODJFS made an error in determining the rate based on information available to ODJFS at the time of the original determination.

Eliminates the franchise permit fee price center.

For purposes of calculating NFs' quality incentive payments under the Medicaid program, (1) requires ODJFS to cease using the current accountability measures in determining quality incentive payments on the earlier of the effective date of rules establishing new accountability measures and July 1, 2012, (2) provides that, while the current accountability measures are used, a NF is to be awarded quality incentive points for resident and family satisfaction only if a satisfaction survey was conducted for the NF in CY 2010, (3) requires ODJFS to strive to have rules in effect not later than July 1, 2012, establishing the new accountability measures, and (4) provides that, if the rules establishing the new accountability measures are not in effect by July 1, 2012, no quality incentive payments are to be made beginning on that date and ending on the date the rules go into effect.

In determining NFs' Medicaid reimbursement rates for FY 2012 and FY 2013, requires ODJFS to increase the cost per case mix-unit, rate for ancillary and support costs, rate for tax costs, and rate for capital costs by 5.08%.

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In determining NFs' quality incentive payments for FY 2012, requires ODJFS to provide for the mean payment to be \$14.41 per Medicaid day.

In determining NFs' quality incentive payments for FY 2013, requires ODJFS to provide for the mean payment to be \$14.63 per Medicaid day unless no quality incentive payment is made for that fiscal year.

Fiscal effect: Estimated savings of \$205.2 million (\$73.8 million state share) in FY 2012 and \$194.7 million (\$69.8 million state share) in FY 2013.

JFSCD74**New Medicaid Reimbursement Formula for ICF/MR Services****R.C. 5111.225, 5111.224; Section 309.30.80**

Requires ODJFS and ODODD to work together to establish a new formula for determining Medicaid reimbursement rates for ICF/MR services.

Requires ODJFS and ODODD, as part of the process in establishing the new reimbursement formula for ICFs/MR, to immediately convene an advisory group to evaluate and recommend changes to the existing formula.

Prohibits the new reimbursement formula for ICFs/MR from being implemented before July 1, 2012.

Fiscal effect: Potential minimal costs associated with the advisory group.

JFSCD65**Maximum Payment for NF Services to Dual Eligible Individuals****R.C. 5111.227**

Specifies that a NF is not to be paid more than 100%, rather than 109%, of the NFs' Medicaid per diem rate for services provided on or after January 1, 2012, to a dual eligible individual (i.e., an individual eligible for Medicaid and Medicare) who is eligible for NF services under the Medicaid program and post-hospital extended care services under Medicare Part A.

Fiscal effect: Estimated savings of \$2.5 million (\$900,000 state share) in FY 2012 and \$6 million (\$2.1 million state share) in FY 2013.

Executive

JFSCD70 Index Used in Calculating Inflation Factors in ICF/MR Rates**R.C. 5111.23, 5111.235, and 5111.241**

Provides for ODJFS, when determining inflation rates used in calculating Medicaid reimbursement rates for the direct care, indirect care, and other protected costs of ICFs/MR, to use a successorial index if the index specified in statute ceases to be published.

Fiscal effect: None.

JFSCD71 ICF/MR Refund of Excess Depreciation**R.C. 5111.251**

Eliminates a requirement that an ICF/MR refund to ODJFS the amount of excess depreciation paid to the ICF/MR under Medicaid if the ICF/MR is sold.

Fiscal effect: None.

JFSCD66 Centers of Excellence**R.C. 5111.259, 5111.258**

Permits the ODJFS Director to seek a federal waiver to create the Centers of Excellence program, the purpose of which is to increase the efficiency and quality of NF services provided to Medicaid recipients with complex NF service needs.

Permits the ODJFS Director to adopt rules governing the Centers of Excellence program, including rules that establish a method of determining the Medicaid reimbursement rates for NFs serving Medicaid recipients participating in the program.

Fiscal effect: None.

Executive**JFSCD76 NF and ICF/MR Audits and Fines****R.C. 5111.261, 5111.263, 5111.27, 5111.271, and
5111.28**

Prohibits a NF or ICF/MR from amending a Medicaid cost report if ODJFS has notified the facility that an audit of the cost report or a cost report for a subsequent cost reporting period is to be conducted, but permits the facility to provide ODJFS information that affects the costs included in the cost report.

Provides that ODJFS is permitted, rather than required, to base a determination of whether to conduct an audit of the Medicaid cost report of a NF or ICF/MR on the facility's prior performance.

Requires ODJFS to revise certain requirements included in its manual for field audits.

Requires ODJFS to fine a NF if an audit report regarding a Medicaid cost report includes (1) adverse findings that exceed 3% of the total amount of Medicaid-reimbursable costs reported in the cost report or (2) adverse findings that exceed 20% of Medicaid-reimbursable costs for a particular cost center reported in the cost report.

JFSCD75 Medicaid Payments to Reserve Beds in Long-Term Care Facilities**R.C. 5111.33**

Specifies that the maximum period for which Medicaid payments may be made to reserve a bed in a NF is not to exceed 30 days in CY 2011 and 15 days in CY 2012 and thereafter.

Specifies that the maximum period for which Medicaid payments may be made to reserve a bed in an ICF/MR for any calendar year is not to exceed the number of days specified in ODJFS rules.

Provides that the Medicaid reimbursement rate to reserve a bed in a NF for a day in calendar 2011, is not to exceed 50% of the NF's regular per diem rate for that day and, for a day in CY 2012 and thereafter, is not to exceed 25% of the NF's regular per diem rate for that day.

Provides that the Medicaid reimbursement rate to reserve a bed in an ICF/MR, for a day in any calendar year, is to be a percentage specified in ODJFS rules of the ICF/MR's regular per diem rate for that day.

Fiscal effect: Estimated to save \$3.2 million (\$1.1 million state share) in FY 2012 and \$13.1 million (\$4.7 million state share) in FY 2013.

Executive**JFSCD68** **NF Fiscal Emergency**

R.C. ***5111.511, 5111.35, 5111.52, 5111.54, and
5111.62***

Permits ODJFS, if it determines that a NF is experiencing or is likely to experience a serious financial loss or failure that jeopardizes or is likely to jeopardize the health, safety, and welfare of its residents, to (1) appoint, subject to the provider's consent, a temporary fiscal emergency manager or (2) apply to a common pleas court for a temporary restraining order, preliminary injunction, appointment of a temporary fiscal emergency manager, or other injunctive or equitable relief.

Fiscal effect: None.

JFSCD77 **Collection of Long-Term Care Facilities' Medicaid Debts**

R.C. ***5111.65, 5111.66, 5111.67, 5111.671,
5111.672, 5111.68, 5111.681, 5111.687, and
5111.689***

Specifies that a NF or ICF/MR is not considered to undergo a facility closure for the purpose of Medicaid debt-collecting requirements if the building that houses the facility converts to a different use, any necessary approval needed for that use is obtained, and one or more of the facility's residents remain in the facility to receive services under the new use.

Requires NFs and ICFs/MR that undergo a change of operator, close, or voluntarily cease to participate in Medicaid to use a method ODJFS specifies in rules when submitting certain notices, forms, and documents.

Revises the list of information that a written notice of a change of operator must include.

Revises the criteria used to determine when a Medicaid provider agreement with an entering operator following a change of operator goes into effect.

Applies the Medicaid debt-collection process to NFs and ICFs/MR that undergo an involuntary termination from Medicaid.

Fiscal effect: None.

Executive

JFSCD85 **Rules for Enrollment in Medicaid Home and Community-Based Waivers****R.C.** **5111.85**

Modifies the ODJFS Director's rulemaking authority regarding prioritizing and approving enrollment in Medicaid waivers for home and community-based services.

Fiscal effect: None.

JFSCD84 **Ohio Home Care and Ohio Transitions II Aging Carve-Out Programs Codified****R.C.** **5111.861, 5111.862, and 5111.88**

Codifies the Ohio Home Care and Ohio Transitions II Aging Carve-Out programs.

Fiscal effect: None.

JFSCD86 **Unified Long-Term Services and Support Medicaid Waiver Program****R.C.** **5111.863, 173.40, 173.401, 173.403, 5111.861**
(Repealed and new enactment), 5111.862,
5111.89, 5111.894, and Section 309.33.30

Eliminates a requirement that ODJFS seek federal approval to obtain a federal Medicaid waiver to consolidate the PASSPORT, Choices, and Assisted Living programs into one Medicaid waiver program.

Requires ODJFS, working with ODA, to seek federal approval for a unified long-term services and support Medicaid waiver program to provide home and community-based services to eligible individuals of any age who require the level of care provided by NFs.

Requires ODJFS and ODA to work together to determine, on an individual program basis, whether the PASSPORT, Choices, Assisted Living, Ohio Home Care, and Ohio Transitions II Aging Carve-Out programs should continue to operate as separate Medicaid waiver programs or be terminated if the unified long-term services and support Medicaid waiver program is created and it covers all individuals who qualify for the programs to be terminated.

Fiscal effect: None.

Executive

JFSCD90 **Transfer of Transitions Developmental Disabilities Medicaid Waiver Program**

R.C. ***5111.871, 5111.872, 5111.873, 5123.01, and 5126.01; Section 309.33.20***

Requires ODJFS to contract with ODODD for ODODD to administer the Transitions Developmental Disabilities Medicaid Waiver.

Provides that current law regarding home and community-based services provided under Medicaid waiver programs that ODODD administers applies to the Transitions Developmental Disabilities Medicaid Waiver program only to the extent, if any, provided in the contract.

Fiscal effect: None.

JFSCD23 **Reimbursement for Home and Community-based Services for Individuals with Developmental Disabilities**

R.C. ***5111.873***

Requires ODJFS to adopt rules establishing the amount of reimbursement or methods by which reimbursement is to be determined, in place of the existing statewide fee schedule, for home and community-based services provided to individuals with mental retardation and developmental disabilities through Medicaid waivers administered by ODODD.

Fiscal effect: Minimal increase in costs to adopt rules and a potential increase or decrease in costs for waiver services depending on the amount of reimbursement or the methods adopted by ODJFS.

JFSCD88 **Reimbursement for Services Under ODODD Medicaid Waiver Programs**

R.C. ***5111.873***

Requires ODJFS to adopt rules establishing the amount of reimbursement or methods by which reimbursement is to be determined, in place of the existing statewide fee schedule, for home and community-based services provided ODODD-administered Medicaid waiver programs.

Fiscal effect: None.

Executive**JFSCD89 Conversion of ICF/MR Beds****R.C. 5111.874, 5111.877**

Permits an operator of an ICF/MR to convert some of the beds in the facility from providing ICF/MR services to providing home and community-based services under an ODODD-administered Medicaid waiver program, rather than requiring that all of the beds be converted.

Permits ODJFS to seek federal approval for up to 200 (rather than 100) slots for home and community-based services provided under ODODD-administered Medicaid waiver programs for the purpose of the beds that convert from providing ICF/MR services to home and community-based services.

Fiscal effect: None.

JFSCD82 Administration of the Assisted Living Program**R.C. 5111.89, 5111.894**

Provides for ODA to administer the Assisted Living Program without the condition that the OBM Director must have approved the contract between ODA and ODJFS regarding ODA's administration of the program.

Fiscal effect: None.

JFSCD81 Eligibility Requirements for the Assisted Living Program**R.C. 5111.891**

Eliminates the eligibility requirement for the Medicaid-funded component of the Assisted Living Program under which an applicant must first be a nursing home resident, residential care facility resident, or participant of the PASSPORT Program, Choices Program, or an ODJFS-administered Medicaid waiver program.

Fiscal effect: May result in some savings if an individual on the Assisted Living Program, or applying for the program, can remain on, or enroll in, Assisted Living rather than move to a more expensive setting for a period of time before becoming eligible.

Executive**JFSCD83 Obsolete Evaluation Requirement Repealed****R.C. 5111.893, (Repealed)**

Repeals an obsolete law that required the ODA Director to contract with a person or government entity to evaluate the cost effectiveness of the Assisted Living Program and provide the results of the evaluation to the Governor and General Assembly not later than June 30, 2007.

Fiscal effect: None.

JFSCD29 ODJFS to Pay Medicaid Claims for Community Behavioral Health Services**R.C. 5111.912, 5111.023, 5111.913, Sections
120.10 to 120.12**

Makes ODJFS, rather than ODMH, ODADAS, and community behavioral health boards, responsible for paying the nonfederal share of Medicaid payments to providers of services under components of the Medicaid program that ODMH currently administers, effective on July 1, 2012.

Fiscal effect: In FY 2013, when financial responsibility for community behavioral health Medicaid services shifts to ODJFS from ODMH and ODADAS, \$189.7 million (nonfederal share) in line item 600525, Health Care/Medicaid will go toward providing behavioral health Medicaid services. In addition, ODADAS will transfer \$7.0 million for the nonfederal share of Medicaid covered addiction treatment services from SSR Fund 4750, Statewide Treatment and Prevention Services, to ODJFS. In FY 2013, total funding for community behavioral health Medicaid services, all funds, is \$571.2 million; of that amount, \$456.1 million is for mental health and \$115.1 million is for alcohol and drug addiction.

JFSCD30 Health Care Special Activities Fund**R.C. 5111.945**

Creates the Health Care Special Activities Fund and requires ODJFS to deposit all funds it receives pursuant to the administration of the Medicaid program into the Fund.

Requires ODJFS to use the money in the Health Care Special Activities Fund to pay for Medicaid-related expenses.

Executive**Fiscal effect: None.**

JFSCD79 Ohio Access Success Project**R.C. 5111.97**

Removes the Ohio Access Success Project eligibility requirement under which an applicant for Project benefits must need a NF level of care.

Specifies that an applicant must be able to remain in the community as a result of receiving the Project's benefits, when the Project is being administered as a non-Medicaid program.

Requires the ODJFS Director to assess an applicant's eligibility for participation in the Project regardless of how long the applicant has been a recipient of Medicaid-funded NF services.

Fiscal effect: None.

JFSCD87 Pilot Program for Self-Directed Home and Community-Based Care**R.C. 5111.97, 5111.971 (Repealed)**

Repeals the requirement to create a pilot program for providing up to 200 Medicaid recipients with spending authority to pay for the cost of home and community-based services.

Fiscal effect: None.

JFSCD92 Dual Eligible Integrated Care Demonstration Project**R.C. 5111.981, 5111.944; Section 309.35.30**

Permits the ODJFS Director to seek federal approval to implement a demonstration project to test and evaluate the integration of the care that dual eligible individuals receive under the Medicare and Medicaid programs.

Creates the Integrated Care Delivery Systems Fund in the state treasury to receive amounts that the demonstration project saves the Medicare program if the terms of the project provide for the state to receive such amounts.

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Requires ODJFS to use the money in the Integrated Care Delivery Systems Fund to further develop integrated delivery systems and improved care coordination for dual eligible individuals.

Permits the ODJFS Director to seek Controlling Board approval to make expenditures from the Integrated Care Delivery Systems Fund.

Fiscal effect: Potential gain in federal dollars.

JFSCD69 ICF/MR Franchise Permit Fee

**R.C. 5112.30, 5112.31, 5112.37, 5112.371, and
5112.39**

Sets the rate for the franchise permit fee charged ICFs/MR at \$17.99 for FY 2012 and \$18.32 for FY 2013 and thereafter. Provides for the percentage that is used in determining whether the franchise permit fee must be reduced in order for the fee to comply with federal restrictions to change in accordance with the federal restrictions.

Specifies that 81.77% of the money raised by the franchise permit fee and associated penalties for FY 2012 and 82.2% of such money raised for FY 2013 and thereafter is to be deposited into the Home and Community-Based Services for the Mentally Retarded and Developmentally Disabled Fund (Fund 4K10).

Continues to provide for the money raised by the franchise permit fee and associated penalties that is not deposited into Fund 4K10 to be deposited into the Ohio Department of Developmental Disabilities (ODODD) Operating and Services Fund (Fund 5GE0).

Fiscal effect: Increase in franchise fee revenue in FY 2012 and FY 2013. (Assuming the rate changes from \$13.55 in FY 2011 to \$17.99 in FY 2012 and \$18.32 in FY 2013.)

JFSCD61 Hospital Assessments

**R.C. 5112.40, 5112.41, 5112.46, and 5112.99;
Sections 620.10 to 620.13 and 812.20**

Provides for the assessments imposed on hospitals for the purpose of the Medicaid program to be imposed for two additional years.

Requires ODJFS to establish the hospital assessment rate in rules.

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Permits the assessment rate to vary for different hospitals if ODJFS obtains any necessary federal waiver.
Provides for ODJFS to impose a 10% penalty on overdue hospital assessments.

JFSCD62 Offsets of Penalties under HCAP and Hospital Assessments**R.C. 5112.991, Section 309.35.90**

Permits ODJFS to offset the amount of a hospital's unpaid penalty imposed under HCAP or the law governing hospital assessments from one or more payments due the hospital under the Medicaid program.

For FY 2012 and FY 2013, requires the OBM Director, on receipt of offset certifications from ODJFS, to transfer to the Health Care Services Administration Fund (Fund 5U30) cash that was not spent because of offsets of hospitals' HCAP and assessment penalties and vendor offsets.

Fiscal effect: None.

JFSCD97 Health Care/Medicaid**Section: 309.30.10**

Specifies that GRF appropriation item 600525, Health Care/Medicaid, must not be limited by section 131.33 of the Revised Code.

JFSCD96 Unified Long Term Care**Section: 309.30.20**

Permits GRF appropriation item 600525, Health Care/Medicaid, to be used to:

- (1) Provide the preadmission screening and resident review (PASRR), which includes screening, assessments, and determinations.
- (2) Assess and provide long-term care consultations to clients regardless of Medicaid eligibility.
- (3) Provide nonwaiver funded PASSPORT and assisted living services to persons who the state department has determined to be eligible to participate in the nonwaiver funded PASSPORT and assisted living programs, who applied for

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but have not yet been determined to be financially eligible to participate in the Medicaid waiver component of the PASSPORT Home Care Program or Assisted Living Program by a county department of job and family services, and to persons who are not eligible for Medicaid but were enrolled in the PASSPORT Program prior to July 1, 1990.

Requires GRF appropriation item 600525, Health Care/Medicaid, to be used to:

- (1) Provide the required state match for federal Medicaid funds supporting the Medicaid waiver-funded PASSPORT Home Care Program, the Choices Program, the Assisted Living Program, and the PACE Program.
- (2) Provide the federal matching share of program costs determined by ODJFS to be eligible for Medicaid reimbursement for the Medicaid waiver-funded PASSPORT Home Care Program, the Choices Program, the Assisted Living Program, and the PACE Program.

JFSCD47 Reduction of Medicaid Expenditures for Fiscal Years 2012 and 2013**Section: 309.30.30**

Requires the ODJFS Director to implement, for FY 2012 and FY 2013, purchasing strategies that result with Medicaid expenditures being at least 2% less than Medicaid expenditures for FY 2011.

Excludes NF and ICF/MR services from the requirement regarding purchasing strategies.

JFSCD38 Care Coordination for Families and Children Pending Managed Care Enrollment**Section: 309.30.50**

Requires ODJFS and the Department of Health (ODH) to work together on the issue of achieving efficiencies in the delivery of medical assistance provided under Medicaid to families and children.

Requires ODJFS and ODH to develop a proposal for coordinating medical assistance provided to families and children under Medicaid while they wait to be enrolled in Medicaid managed care.

Permits ODJFS to seek federal approval to authorize payment for Medicaid-reimbursable targeted case management services that are provided in connection with ODH's Help Me Grow program.

Fiscal effect: Potential savings and potential gain of federal Medicaid reimbursement.

Executive**JFSCD72 FY 2012 Medicaid Reimbursement Rates for ICFs/MR****Section: 309.30.90**

Requires ODJFS, if the mean total per diem Medicaid reimbursement rate for all ICFs/MR in Ohio for fiscal year 2012 exceeds \$279.81, to reduce (1) the total per diem rate for each continuing ICF/MR by a percentage that is equal to the percentage by which the mean total per diem rate exceeds \$279.81 and (2) the rate otherwise calculated for a new ICF/MR by the same percentage that the rate for a continuing ICF/MR is reduced.

Fiscal effect: Estimated savings of \$5.5 million (\$2 million state share) in FY 2012.

JFSCD73 Contingent FY 2013 Medicaid Reimbursement Rates for ICFs/MR**Section: 309.33.10**

Unless a new formula for determining Medicaid reimbursement rates for ICFs/MR that is in effect for fiscal year 2013, requires ODJFS, if the mean total per diem rate for all ICFs/MR in Ohio for fiscal year 2013 exceeds \$280.14, to reduce (1) the total per diem rate for each continuing ICF/MR by a percentage that is equal to the percentage by which the mean total per diem rate exceeds \$280.14 and (2) the rate otherwise calculated for a new ICF/MR by the same percentage that the rate for a continuing ICF/MR is reduced.

Fiscal effect: Estimated savings of \$5.3 million (\$1.9 million state share) in FY 2013.

JFSCD5 ICF/MR and Waiver Services Transferred to Department of Developmental Disabilities**Section: 309.33.20**

Requires the OBM Director to establish line items for use by ODODD for purposes regarding the Medicaid program's coverage of ICF/MR services and the Medicaid waiver component known as the Transitions Developmental Disabilities Waiver. Requires ODODD to certify to the OBM Director and the ODJFS Director the appropriation amounts, in FY 2012 and FY 2013, necessary for ODODD to fulfill its obligations regarding the new powers and duties without duplicating administration or services that remain with ODJFS. Requires ODJFS to certify to the OBM Director that there is an equal reduction in ODJFS's administration and services as is being certified by ODODD.

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Once all certifications have been submitted and approved by the OBM Director, appropriates in the amounts approved by the OBM Director the appropriation items established. Specifies that the appropriations to ODODD in each fiscal year are not to exceed the aggregate amount of expenditures that ODJFS made in FY 2011 for ICF/MR services, services provided under the Transitions Developmental Disabilities Waiver, and related administrative costs. Reduces appropriation item 600525, Health Care/Medicaid, by the corresponding state and federal share of the amounts appropriated in accordance with this provision to ODODD in each fiscal year.

Fiscal effect: None.

JFSCD48 BEACON Quality Improvement Initiatives**Section: 309.33.40**

Permits ODJFS, ODH, and ODMH in conjunction with the Governor's Office of Health Transformation, to seek assistance from, and work with, the BEACON Council and hospital and other provider groups to identify specific targets and initiatives to reduce the cost, and improve the quality, of medical assistance provided under Medicaid to children.

Fiscal effect: Potential savings.

JFSCD27 Expansion and Evaluation of PACE**Section: 309.33.50**

Requires the ODA Director to contract with Miami University's Scripps Gerontology Center for an evaluation of the PACE Program.

Allows the ODA Director, in consultation with the ODJFS Director, to expand the PACE Program to regions of Ohio beyond those currently served if the following apply: (1) funding is available; (2) the directors mutually determine based on the result of the evaluation that the program is a cost effective alternative to nursing home care; and (3) the U.S. Centers for Medicare and Medicaid Services agrees to share any savings to the Medicare program, as a result of the expansion, with Ohio.

Specifies that if the PACE Program is expanded, the ODA Director is not allowed to decrease the number of residents of Cuyahoga and Hamilton counties and parts of Butler, Clermont, and Warren counties who are participating in the program below the number of residents of those counties and parts of counties who were enrolled in the program on July 1, 2008.

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Fiscal effect: Estimated cost of \$200,000 in FY 2012 in ODA's budget for the evaluation of PACE.

JFSCD59 Medicaid Dispensing Fee for Noncompounded Drugs**Section: 309.33.70**

Continues to set the Medicaid dispensing fee for noncompounded drugs at \$1.80 for the period beginning January 1, 2011, and ending on the effective date of a rule changing the amount of the fee.

Fiscal effect: None.

JFSCD91 Money Follows the Person Enhanced Reimbursement Fund**Section: 309.33.80**

Requires the continued existence of the Money Follows the Person Enhanced Reimbursement Fund in the state treasury for FY 2012 and FY 2013. Requires that the federal payments made to the state under the "Deficit Reduction Act of 2005," be deposited into the fund. Requires ODJFS to continue to use money deposited into the fund for system reform activities related to the Money Follows the Person demonstration project.

Fiscal effect: None.

JFSCD98 Medicare Part D**Section: 309.33.90**

Permits GRF appropriation item 600526, Medicare Part D, to be used by ODJFS for the implementation and operation of the Medicare Part D requirements contained in the "Medicare Prescription Drug, Improvement, and Modernization Act of 2003. Allows the OBM Director, upon the request of ODJFS, to transfer the state share of appropriations between appropriation item 600525, Health Care/Medicaid, or appropriation item 600526, Medicare Part D. Requires the OBM Director to adjust the federal share of appropriation item 600525, Health Care/Medicaid, if the state share is adjusted. Requires ODJFS to provide notification to the Controlling Board of any transfers at the next scheduled Controlling Board meeting.

Executive**JFSCD78 Rebalancing Long-Term Care****Section: 309.35.10**

Requires ODJFS, ODODD, and ODA to strive to have, by June 30, 2013, at least 50% of Medicaid recipients who are at least age 60 and need long-term services utilize non-institutionally-based long-term services and at least 60% of Medicaid recipients who are under age 60 and have cognitive or physical disabilities for which long-term services are needed utilize non-institutionally-based long-term services.

Permits ODJFS to apply to participate in the federal Balancing Incentive Payments Program.

Requires that any funds Ohio receives under the Balancing Incentive Payments Program be deposited into the Balancing Incentive Payments Program Fund, which is created in the state treasury.

Fiscal effect: None.

JFSCD94 Ohio Access Success Project and Identification of Overpayments**Section: 309.35.40**

Permits, in each fiscal year, cash from the Nursing Home Franchise Permit Fee Fund (Fund 5R20) to be used by ODJFS for the following purposes:

- (1) Up to \$3,000,000 in each fiscal year to fund the state share of audits or limited reviews of Medicaid providers;
- (2) Up to \$450,000 in each fiscal year to provide one-time transitional benefits under the Ohio Access Success Project that the ODJFS Director may establish.

Requires, on July 1, 2011, or as soon as possible thereafter, the OBM Director to transfer the cash balance in the Home and Community-Based Services for the Aged Fund (Fund 4J50) to the Nursing Home Franchise Permit Fee Fund (Fund 5R20). Appropriates the transferred cash. Upon completion of the transfer, abolishes Fund 4J50. Requires the OBM Director to cancel any existing encumbrances against appropriation item 600613, Nursing Facility Bed Assessments, and appropriation item 600618, Residential State Supplement Payments, and reestablish them against appropriation item 600608, Medicaid - Nursing Facilities.

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JFSCD95 Provider Franchise Fee Offsets**Section: 309.35.50**

Requires the ODJFS Director, at least quarterly, to certify to the OBM Director the amounts of offsets withheld from NF and ICF/MR payments made from the GRF for failure to pay the franchise fee.

Permits the OBM Director to transfer cash from the GRF to the Nursing Home Franchise Permit Fee Fund (Fund 5R20) and the ICF/MR Bed Assessments Fund (Fund 4K10), and appropriates the transferred cash.

JFSCD6 Transfer of Funds to ODODD**Section: 309.35.60**

Requires ODJFS to transfer, by intrastate transfer voucher, cash from Fund 4K10, ICF/MR Bed Assessments, to Fund 4K80, Home and Community-Based Services, used by ODODD. Specifies that the transfer must be in an amount agreed to by both departments that it may occur on a quarterly basis or on a schedule developed and agreed to by both departments.

JFSCD99 Interagency Reimbursement**Section: 309.37.20**

Permits the ODJFS Director to request the OBM Director to increase FED Fund 3G50 appropriation item 600655, Interagency Reimbursement. Appropriates the approved amount.

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JFSCD100 Medicaid Program Support Fund – State**Section: 309.37.30**

Requires GSF Fund 5C90 appropriation item 600671, Medicaid Program Support, to be used by ODJFS to pay for Medicaid services and contracts. Allows ODJFS to also deposit to the Medicaid Program Support Fund (Fund 5C90) revenues received from other state agencies for Medicaid services under the terms of interagency agreements between ODJFS and other state agencies.

JFSCD101 Transfers of IMD/DSH Cash to the Department of Mental Health**Section: 309.37.40**

Requires ODJFS to transfer cash, using an intrastate transfer voucher, from the Medicaid Program Support Fund (Fund 5C90), to the Behavioral Health Medicaid Services Fund (Fund 4X50), used by ODMH, in accordance with an interagency agreement that delegates authority from ODJFS to ODMH to administer specified Medicaid services.

JFSCD44 Medicaid Managed Care Coverage of Prescription Drugs**Section: 309.37.50**

Requires ODJFS, not later than October 1, 2011, to enter into new contracts or amend existing contracts with health insuring corporations to require them to include coverage of prescription drugs under the Medicaid managed care system.

Fiscal effect: Estimated cost of \$97 million (\$34.9 million state share) in FY 2012 and \$16.7 million (\$6.1 million state share) in FY 2013. Estimated gain in tax revenue (excluding local) of \$61.6 million in FY 2012 and \$91 million in FY 2013.

JFSCD60 Hospital Care Assurance Program**Sections: 690.10, 690.11, and 309.35.70**

Continues the Hospital Care Assurance Program (HCAP) for two additional years.

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Requires appropriation item 600650, Hospital Care Assurance Match, to be used by ODJFS solely for distributing funds to hospitals under HCAP.

Fiscal effect: None.

Social Services**JFSCD22 Use of Title XX Funds for Local Agency's Administrative Costs****R.C. 5101.46**

Replaces the 14% limit on the amount of a local agency's Title XX appropriation that may be used for administrative costs with a requirement that each respective state department establish the maximum percentage by rule that complies with federal law. Currently, federal law requires that this percentage not exceed 9%.

Fiscal effect: Reduction in the amount of Title XX funds county agencies can use for administrative expenses.

JFSCD9 Ohio Association of Second Harvest Food Banks**Section: 309.40.30**

Requires that GRF appropriation item 600540 Second Harvest Food Banks, be used to provide funds the Ohio Association of Second Harvest Food Banks to purchase and distribute food products.

Requires the ODJFS Director, in FY 2012 and FY 2013, to provide assistance to the Ohio Association of Second Harvest Food Banks in an amount up to or equal to the assistance provided in FY 2011 from all funds of ODJFS, except the GRF. Specifies that these funds are in addition to other funds designated for the association.

Requires ODJFS to count eligible nonfederal expenditures made by member food banks of the Association toward TANF maintenance of effort and to enter into an agreement with the Association to carry out the requirements of this provision.

Fiscal effect: According to ODJFS, in the next biennium, in addition to the \$3 million in GRF, the Association will be funded with \$8.5 million in each fiscal year from non-GRF sources.

Executive**JFSCD13 Child, Family, and Adult and Community Protective Services****Section: 309.50.30**

Requires that GRF appropriation item 600533, Child, Family, and Adult Community & Protective Services, (\$13.5 million in each fiscal year) be distributed to each county department of job and family services using the formula ODJFS uses when distributing Title XX funds to county departments and requires that the funds be used for specified purposes.

Food Stamp Program**JFSCD102 Food Stamps Transfer****Section: 309.40.10**

Allows the Director of OBM, on July 1, 2011, or as soon as possible thereafter, to transfer up to \$1,000,000 cash from the Food Stamp Program Fund (Fund 3840) to the Food Assistance Fund (Fund 5ES0).

JFSCD8 Name of Food Stamp Program**Section: 309.40.20**

Specifies that the ODJFS Director is not required to amend rules regarding the Food Stamp Program to change the name to the Supplemental Nutrition Assistance Program. Allows the Director to refer to the program as the Food Stamp Program or Food Assistance Program in ODJFS's rules and documents.

Fiscal effect: None.

Executive**Unemployment Compensation****JFSCD16 Unemployment Compensation Advisory Council****R.C. 4141.08, 4141.11**

Removes the requirement that the ODJFS Director get the approval of the Unemployment Compensation Advisory Council before using funds from the Unemployment Compensation Special Administrative Fund for specified needs.

Requires the Director, instead of the Council, to request the OBM Director to transfer excess funds in the Fund to the Unemployment Compensation Fund.

Requires the ODJFS Director to pay the operating expenses of the Council from the Fund, instead of requiring the Director to pay those expenses as determined by the Council.

Fiscal effect: Since the provision removes the requirement of Council approval, the Council may meet less often resulting in a decrease in council-related costs for ODJFS.

JFSCD15 Federal Unemployment Programs**Section: 309.60.10**

Appropriates any unspent funds from FY 2011 in FED Fund 3V40 appropriation item 600678, Federal Unemployment Programs, to ODJFS. At the request of the ODJFS Director, authorizes the OBM Director to increase appropriations for FY 2012 by the amount remaining unspent from the FY 2011 appropriation and increase appropriations for FY 2013 by the amount remaining unspent from the FY 2012 appropriation. Specifies that the appropriation be used for administrative activities for the UC program, employment services, or any other allowable expenditures under section 903(d) of the Social Security Act. Limits the appropriation increase to the balance of federal funds remaining after benefits are paid and obligated administrative expenditures are taken into account.

Executive**AGECD17 Home First Process****R.C. 173.404, 173.401, 173.501, and 5111.894**

Provides that a requirement for ODA to establish a unified waiting list for the PASSPORT, Choices, Assisted Living, and PACE programs applies if ODA determines that there are insufficient funds to enroll all individuals who have applied and been determined eligible for the programs.

Eliminates a requirement that an individual be on ODA's unified waiting list to qualify for the PASSPORT, Assisted Living, or PACE program through the Home First process.

Eliminates a requirement for ODA to make quarterly certifications to the OBM Director regarding the estimated increase in the costs of the PASSPORT, Assisted Living, and PACE programs resulting from enrollment of individuals through the Home First process.

Fiscal effect: Potential minimal decrease in administrative duties and costs relating to the elimination of the requirement that ODA make quarterly certifications.

Executive

ADACD2 Elevation of Medicaid Alcohol and Drug Addiction Services

R.C. **3793.04, 3793.21, 4511.191, 5111.911,
5111.913**

Requires that funds appropriated to ODADAS for community alcohol and drug addiction services that are transferred to ODJFS for the Medicaid program be excluded from the funds that ODADAS allocates and distributes to community behavioral health boards for such services.

Specifies that community behavioral health boards are responsible, until July 1, 2012, for paying the nonfederal share of costs incurred under a component of the Medicaid program that ODADAS administers and requires the boards to use funds allocated and distributed to them by ODADAS to make the payments.

Requires that the portion of the fee persons pay to have a driver's or commercial driver's license or permit reinstated that is credited to the Statewide Treatment and Prevention Fund be used for purposes identified in ODADAS's comprehensive statewide alcohol and drug addiction services plan rather than to pay the costs of indigent driver treatment and intervention programs.

Fiscal effect: In FY 2012, ODADAS will allocate the nonfederal share of Medicaid covered addiction treatment services to community behavioral health boards from GRF appropriation item 038401, Treatment Services (\$24 million) and SSR Fund 4750, appropriation item 038621, Statewide Treatment and Prevention Services (\$7 million). In FY 2013, ODJFS will pay most of the nonfederal share of Medicaid covered addiction treatment services (\$26.2 million) from GRF appropriation item 600525, Health Care/Medicaid. In addition, ODADAS will transfer \$7.0 million for the nonfederal share of Medicaid covered addiction treatment services from SSR Fund 4750, Statewide Treatment and Prevention Services, to ODJFS. Total funding for alcohol and drug addiction Medicaid services, all funds, is \$100.2 million in FY 2012 and \$115.1 million in FY 2013.

Executive**DDDCD15 Nonfederal Share of New ICF/MR Beds****Section: 263.20.60**

Requires ODODD to transfer funds to ODJFS to pay the nonfederal share of Medicaid costs for eligible Medicaid recipients in an ICF/MR. Authorizes the ODODD Director to use GRF appropriation item 322407, Medicaid State Match or GRF appropriation item 322501, County Boards Subsidies for the transfer. Requires that if the ICF/MR is located in a county served by a county DD board that supports the facility's certification by the ODH Director, then the cash transferred be from funds the ODODD Director has allocated to that county DD board unless the allocation is not sufficient, in which case cash allocated to other counties must be used to make up the difference.
