Executive	As Passed by the House
General	
JFSCD24 County Share of Public Assistance Expenditures	
R.C. *5101.16*	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.	Same as the Executive.
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.	**Fiscal effect: Same as the Executive.**
JFSCD25 Recovery of Costs by County Family Service Agencies	
R.C. *5101.183*	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.	Same as the Executive.
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.	Same as the Executive.
Fiscal effect: Gain in revenue to county agencies if costs are recovered.	**Fiscal effect: Same as the Executive.**

Executive	As Passed by the House
JFSCD20 Recovering Excess Payments to Counties	
R.C. *5101.244*	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.	Same as the Executive.
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.	Same as the Executive.
Fiscal effect: Gain in revenue if ODJFS recovers excess payments.	**Fiscal effect: Same as the Executive.**
JFSCD28 Audits	
R.C. *5101.37, 121.22*	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.	Same as the Executive.
Specifies that until an audit report is formally released by ODJFS, the audit report and any related documents or records are not public records.	Same as the Executive.
Authorizes the ODJFS Director to adopt internal management rules, without an administrative hearing, as necessary to implement the law governing ODJFS, CDJFS,	Same as the Executive.

Executive	As Passed by the House
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.	Same as the Executive.
Fiscal effect: Increase in costs to ODJFS, CDJFSs, and CSEAs if audits conducted.	**Fiscal effect: Same as the Executive.**
JFSCD2 Administration and Operating	
Section: *309.20.10*	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 the TANF Quality Control Reinvestments Fund (Fund 5Z90), to the Administration and Operating Fund (Fund 5DM0). Upon completion of the transfer, abolishes Fund 5Z90.	Same as the Executive.
Requires ODJFS to use up to $535,000 of appropriation item 600633, Administration and Operating, to pay for one-time contract expenses.	Same as the Executive.
JFSCD3 Transfer to State and County Shared Services Fund	
Section: *309.20.20*	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 the County Technologies Fund (Fund 5N10) to the State and County Shared Services Fund (Fund 5HL0). Appropriates the transferred cash.	Same as the Executive.

Executive	As Passed by the House
JFSCD4 **Agency Fund Group**	
Section: ***309.20.30***	**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.	Same as the Executive.
Child Care	
JFSCD112 **Child Care Provider Licensing**	
	R.C. ***5104.01, 5104.011, 5104.38***
No provision.	Eliminates the requirements that the ODJFS Director adopt rules to be used for checking the references of child day-care center and type A family cay-care home license applicants and potential employees.
No provision.	Eliminates laws that (1) require a child day-care center administrator to prepare and distribute an annual roster of all parents, guardians, or custodians (2) permit the administrator to prepare and distribute a telephone contact list for distribution.

Executive	As Passed by the House
No provision.	Replaces a provision of current law that requires the ODJFS Director to recommend standards to the Governor and General Assembly regarding sanctions to be imposed on persons violating the law governing child care with a provision that permits the Director to adopt rules regarding the sanctions and specifies when the Director is to impose the sanctions.
No provision.	Eliminates the requirement that the ODJFS Director consider the number of available child-care staff members when determining license capacity for child day-care centers or type A family day-care homes.
No provision.	Makes optional the existing requirement that the ODJFS Director, when adopting rules for procedures for screening children and employees, include requirements for physical examinations and immunizations.
No provision.	Eliminates the requirement that the ODJFS Director adopt rules regarding procedures for renewing a day-care center or type A home license not provided for under the Administrative Procedure Act and regarding the corresponding renewal license application fees.
No provision.	Permits a child day-care center administrator to meet existing employment standards by showing the ODJFS Director evidence that the administrator holds a designation as an "early childhood professional level three" under the Step Up To Quality Program.
No provision.	Specifies that an administrator employed or designated as such on or after the bill's effective date may provide an administrator's credential as an alternative to existing employment standards that must be met after the date of employment or designation but that the administrator must meet this standard, or the existing employment standards,

Executive	As Passed by the House
	within one year of employment or designation, rather than six years.
No provision.	Increases to 2 hours, from 1.5 hours, the number of hours during a 24-hour day that the maximum number of toddlers or preschool children per child-care staff member may be double the amount established under current law.
No provision.	Requires the ODJFS Director to adopt rules establishing incentives for persons and entities that are licensed or certified and have a history of substantial compliance with licensure or certification standards. **Fiscal effect: Potential minimal decrease in administrative costs to ODJFS.**

JFSCD116 Educational Requirements for Child Day-Care Center Staff

	R.C. *5104.011*
No provision.	Exempts students who (1) are home schooled during their last year of instruction or (2) graduated from a charter school, from the current educational requirements for employment at a child day-care center. **Fiscal effect: None.**

JFSCD111 Child Day-Care Centers and Type A Family Day-Care Homes Licensure Enforcement

	R.C. *5104.04*
No provision.	Eliminates ODJFS's duty to notify a child day-care center or type A family day-care home that it is out of compliance with the laws governing centers and homes.
No provision.	Eliminates ODJFS's express authority to commence a license revocation action against a child day-care center or type A family home for failing to correct a compliance

Executive	As Passed by the House
	violation. **Fiscal effect: Potential decrease in administrative costs.**
JFSCD114 **Publication of Type B Family Day-Care Home Guide**	
	R.C. *5104.13*
No provision.	Permits ODJFS to publish a guide on certification of type B family day-care homes either electronically or otherwise and eliminates the requirement to distribute multiple copies of the guide to county departments of job and family services. **Fiscal effect: Potential decrease in administrative costs.**
JFSCD113 **Publicly Funded Child Care Incentives**	
	R.C. *5104.30*
No provision.	Requires the ODJFS Director to establish enhanced reimbursement ceilings for providers of publicly funded child care who participate in the Step Up To Quality Program and maintain quality ratings.
No provision.	Requires the ODJFS Director to weigh any reduction in reimbursement ceilings more heavily against child day-care centers that do not participate in the program or do not maintain quality ratings. **Fiscal effect: None. ODJFS currently provides additional reimbursements to providers that participate in Step Up to Quality (SUTQ) or that achieve other accreditations in accordance with rules. Weighing reimbursement reductions to providers that do not participate in SUTQ would not affect overall expenditures for publicly funded child care.**

Executive	As Passed by the House
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*	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.	Same as the Executive.
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.	Same as the Executive.
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.	Same as the Executive.
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.	**Fiscal effect: Same as the Executive.**
JFSCD103 Hourly Reimbursement for Type B Child Care Providers	
	R.C. *5104.32*
No provision.	Requires each contract with a certified Type B day-care provider to specify that the provider will be paid according to an hourly reimbursement rate when day care is provided for 0.1 to 9.9 hours per week.

Executive	As Passed by the House
No provision.	Requires, for the purpose of the rate, that a part-time week be considered 10 to 24.9 hours of day care. **Fiscal effect: Overall decrease in expenditures to Type B day care centers for publicly funded child care payments. Currently, hourly reimbursements are paid to Type B providers up to 6.9 hours per week and part-time rates are paid from 7 to 24.9 hours per week. For providers in most counties, the hourly rate received for the additional three hours would amount to less than if the provider received the set part-time rate. Thresholds for hourly, part-time, and full-time rates paid to child care providers are currently established in rules.**
JFSCD104 Reinstatement of Eligibility	
	R.C. *5104.38*
No provision.	Permits the ODJFS Director to adopt rules specifying exceptions to the eligibility requirements for a family that previously received publicly funded child care but whose eligibility was terminated and is seeking reinstatement. **Fiscal effect: Potential increase in expenditures for publicly funded child care if the Director adopts rules allowing reinstatement. Potential minimal increase in costs to adopt rules.**

Executive	As Passed by the House
Child Support Enforcement	
JFSCD26 State Employee Child Support Fund	
R.C. *125.213*	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.	Same as the Executive.
Fiscal effect: None.	**Fiscal effect: Same as the Executive.**
JFSCD18 Child Support Custodial Fund	
R.C. *3121.48*	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.	Same as the Executive.
Fiscal effect: None.	**Fiscal effect: Same as the Executive.**

Executive	As Passed by the House
JFSCD105 License Suspension Procedures for Defaulting Child Support Obligors	
	R.C. *3123.44, 3123.45, 3123.55, 3123.56, 3123.58, 3123.59, 3123.591, 3123.63, 4506.071, 4507.111, 4705.021, Repealed: 3123.52, 3123.61, 3123.612, 3123.613, 3123.614*
No provision.	Prohibits a child support enforcement agency (CSEA) from sending a notice to an occupational or professional licensing board, the Bureau of Motor Vehicles (BMV), or the Division of Wildlife regarding child support default unless: (1) at least 90 days have elapsed since the final and enforceable determination of default, and (2) the obligor has not paid at least 50% of the arrearage by means other than state or federal tax intercept.
No provision.	Changes current law that requires a CSEA to remove license restrictions if an obligor is complying with a withholding or deduction notice or other appropriate order by (1) removing a requirement that the obligor must be in compliance with the notice or order, (2) removing a reference to orders other than withholding or deduction notices, and (3) requiring the obligor to present evidence of current employment or an account in a financial institution.
No provision.	Repeals a provision that requires a CSEA to remove license restrictions if a new child support order has been issued or the child support order that was in default has been modified and the obligor is complying with new or modified order.
No provision.	Permits a CSEA to direct the Registrar of Motor Vehicles to eliminate from the abstract maintained by the BMV any reference to the suspension of an individual's license due to child support default.

Executive	As Passed by the House
No provision.	Requires a CSEA to remove license restrictions if the obligor demonstrates an inability to work due to circumstances beyond the obligor's control. **Fiscal effect: Minimal.**

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*	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.	Same as the Executive, but changes the term "family assessment response" to "alternative response."
Requires a court to journalize a case plan for unruly or delinquent children subject to protective supervision.	No provision.
Allows a public children services agency to use a "family assessment response" or "investigative assessment response" to a report of child abuse or neglect.	Same as the Executive, but changes the terms "family assessment response" and "investigative assessment response" to "alternative response" and "traditional response," respectively.
Requires that in all cases the public children services agency use the response that stresses the safety of the child and to the extent possible builds on the strengths of the family through collaborative efforts between the agency and the family.	No provision.
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	Same as the Executive.

Executive	As Passed by the House
this provision. **Fiscal effect: Potential decrease in costs over time.**	**Fiscal effect: Same as the Executive.**

JFSCD21 Children's Trust Fund Rulemaking

R.C. *3109.16*	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.**	Same as the Executive. **Fiscal effect: Same as the Executive.**

JFSCD115 Children's Trust Fund Allocation to Children's Crisis Care Facilities

	R.C. *3109.17*
No provision.	Requires the Children's Trust Fund Board to allocate funds to children's crisis care facilities that have been approved by the Board, and requires that any funds allocated to a children's crisis care facility be subtracted from the amount allocated to the child abuse and child neglect prevention advisory board that serves the county or multicounty district in which the facility is located. **Fiscal effect: Redirects a portion of funding from child abuse and child neglect prevention advisory boards to children's crisis care facilities.**

Executive	As Passed by the House
JFSCD17 Transfer of Money from Public Assistance Fund to Children Services Fund	
R.C. *5705.14*	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.	Same as the Executive.
Fiscal effect: Revenue gain to Children Services Fund if transfer is made.	**Fiscal effect: Same as the Executive.**
JFSCD12 Flexible Funding for Families and Children	
Section: *309.50.20*	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.	Same as the Executive.
JFSCD14 Adoption Assistance Loan	
Section: *309.50.40*	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.	Same as the Executive.
Fiscal effect: ODJFS may use up to $200,000 to administer adoption assistance loans.	**Fiscal effect: Same as the Executive.**

Executive	As Passed by the House
Title IV-A Temporary Assistance for Needy Families	
JFSCD10 Child Support Collections/TANF MOE	
Section: *309.40.40*	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.	Same as the Executive.
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.	**Fiscal effect: Same as the Executive.**
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*	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.	Same as the Executive.
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	Same as the Executive.

Executive	As Passed by the House
months.	
Provides that certain other individuals qualify for the state-funded component of the PASSPORT program for an unlimited number of months.	Same as the Executive.
Provides that the Home First processes for the PASSPORT and Assisted Living programs apply only to the Medicaid components of those programs.	Same as the Executive.
Fiscal effect: No net effect.	**Fiscal effect: Same as the Executive.**
JFSCD117 Nursing Facility Capacity Council	
	R.C. *309.30.73*
No provision.	Creates the Nursing Facility Capacity Council to study current and future nursing facility capacity in Ohio and to recommend actions for addressing any excess capacity that is identified.
No provision.	Requires the Council to issue a written report by June 30, 2012, after which the Council is terminated.
	Fiscal effect: Members are to serve without compensation, except to the extent that serving on the Council is considered part of the member's regular duties of employment. Minimal increase in administrative costs to state agencies represented on the Council related to the issuance of the report.

Executive	As Passed by the House
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*	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.	Same as the Executive.
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.	Same as the Executive, but revises the definition of "indirect guarantee percentage" (which is the percentage used in determining whether the franchise permit fee on nursing homes and hospital long-term care units must be reduced to comply with federal restrictions) by providing that the percentage applies to a "class of providers" rather than a "taxpayer."
Abolishes the Home- and Community-Based Services for the Aged Fund (Fund 4J50).	Same as the Executive.
Renames the Nursing Facility Stabilization Fund (Fund 5R20) the Nursing Home Franchise Permit Fee Fund (Fund 5R20).	Same as the Executive.
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.	Same as the Executive.
Abolishes the PASSPORT Fund.	Same as the Executive.

Executive	As Passed by the House
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.	Same as the Executive.
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.	Same as the Executive.
Fiscal effect: Estimated $14.6 million reduction in franchise fee revenue in FY 2012. (Assuming the rate changes from $11.95 in FY 2011 to $11.38 in FY 2012.) Estimated $13.8 million reduction in franchise fee revenue in FY 2013. (Assuming the rate changes from $11.95 to $11.60 in FY 2013.)	**Fiscal effect: Same as the Executive.**

JFSCD35 Medicaid Recipient Audits

R.C. *5101.181, 145.27, 742.41, 3307.20, 3309.22, 4123.27, 5101.82, and 5505.04*	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.	Same as the Executive.
Requires the State Auditor to enter into an interagency agreement with ODJFS governing the confidentiality of information the Auditor receives from ODJFS pursuant to	Same as the Executive.

Executive	As Passed by the House
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 assistant recipient to the Tax Commissioner.	Same as the Executive.
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 General to comply with the bill's provisions governing the disclosure of information about medical assistance recipients.	Same as the Executive.
Fiscal effect: None.	**Fiscal effect: Same as the Executive.**

JFSCD36 Disclosure of Information Regarding Medical Assistance Recipients

R.C. *5101.26, 5101.271, 5101.272, 5101.273, 5101.28, and 5101.30*	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.	Same as the Executive.
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	Same as the Executive.

Executive	As Passed by the House
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.	Same as the Executive.
Fiscal effect: None.	**Fiscal effect: Same as the Executive.**

JFSCD31 Eligibility Determinations for Medicaid and CHIP

R.C. *5101.47, 5111.012*	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.	Same as the Executive.
Fiscal effect: None.	**Fiscal effect: Same as the Executive.**

Executive	As Passed by the House
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*	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.	Same as the Executive.
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.	Same as the Executive.
Fiscal effect: Appropriation is reduced from $10 million to $1 million.	**Fiscal effect: Same as the Executive.**

Executive	As Passed by the House
JFSCD37 Medicaid Right of Recovery Against Liable Third Parties	
R.C. *5101.573*	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.	Same as the Executive.
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.	Same as the Executive.
Fiscal effect: May result in additional recovered funds from third parties.	**Fiscal effect: Same as the Executive.**
JFSCD33 Compliance with Federal Maintenance of Effort Requirement	
R.C. *5111.0122*	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.	Same as the Executive.
Fiscal effect: None.	**Fiscal effect: Same as the Executive.**

Executive	As Passed by the House
JFSCD34 **Reduction of Complexity in Medicaid Eligibility Determination Processes**	
R.C. *5111.0123*	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.	Same as the Executive.
Fiscal effect: No impact for the current biennium. Potential administrative savings beyond the current biennium.	**Fiscal effect: Same as the Executive.**
JFSCD108 **Presumptive Eligibility for Pregnant Women and Children**	
	R.C. *5111.0124, 5111.013, 5111.0125*
No provision.	Requires the ODJFS Director to amend the state Medicaid plan to implement a federal option under which ambulatory prenatal care is made available to pregnant women during presumptive eligibility periods. Requires the ODJFS Director to retain in the state Medicaid plan a federal option under which medical assistance is made available to children during presumptive eligibility periods. Permits children's hospitals and federally-qualified health centers that are eligible to be qualified providers or entities under federal law to serve as qualified providers or entities for purposes of the presumptive eligibility for pregnant women and children options.
	Fiscal effect: Potential increase in Medicaid costs and gain of federal Medicaid reimbursement (about 64%) if pregnant women become Medicaid eligible sooner.

Executive	As Passed by the House
JFSCD56 Maximum Medicaid Reimbursement Rate	
R.C. *5111.021*	R.C. *5111.021*
Prohibits the Medicaid reimbursement rate to a hospital, NF, or ICF/MR from exceeding limits established in federal Medicaid regulations.	Same as the Executive.
Eliminates authority for the Medicaid reimbursement rate to a provider not described above to exceed the authorized Medicare reimbursement limit for the same service.	Same as the Executive.
Fiscal effect: Estimated $1 million ($373,000 state share) in FY 2012 and $2 million ($743,000 state share) in FY 2013.	**Fiscal effect: Same as the Executive.**
JFSCD55 Public Notice of Proposed Changes to Medicaid Rates	
R.C. *5111.0212*	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.	Same as the Executive.
Fiscal effect: None.	**Fiscal effect: Same as the Executive.**
JFSCD57 Medicaid Rates for Aide and Nursing Services	
R.C. *5111.0213*	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.	Same as the Executive.

Executive	As Passed by the House
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.	Same as the Executive.
Fiscal effect: Estimated savings of $15 million ($5.4 million state share) in FY 2012 and $20 million ($7.2 million) in FY 2013.	**Fiscal effect: Same as the Executive.**

JFSCD49 No Medicaid Payments for Provider-Preventable Conditions

R.C. *5111.0214*	R.C. *5111.0214*
Prohibits ODJFS from knowingly making a Medicaid payment for a provider-preventable condition for which federal financial participation is prohibited.	Same as the Executive.
Fiscal effect: None. (Change required under federal law.)	**Fiscal effect: Same as the Executive.**

JFSCD50 Medicaid Electronic Health Record Incentive Payment Program

R.C. *5111.0215, 309.35.20*	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.	Same as the Executive, but allows the ODJFS Director to adopt rules for the electronic health records incentive program under the Administrative Procedure Act (R.C. Chapter 119.) rather than an existing statute that authorizes rulemaking for only the amount, scope, and duration of Medicaid services.
Specifies procedures for appealing ODJFS's determination regarding the amount or denial of an incentive payment.	Same as the Executive.

Executive	As Passed by the House
Permits ODJFS to seek Controlling Board approval to make expenditures from the Balancing Incentive Payments Program Fund.	Same as the Executive.
Fiscal effect: $411.7 million in FY 2012 and $416.4 million (all federal funds).	**Fiscal effect: Same as the Executive.**

JFSCD52 Medicaid Payments to Organization on Behalf of Providers

R.C. *5111.051*	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.	Same as the Executive.
Fiscal effect: None.	**Fiscal effect: Same as the Executive.**

JFSCD51 Electronic Claims Submission Process

R.C. *5111.052*	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.	Same as the Executive.
Excludes the following from the electronic claims submission requirement: NFs, ICFs/MR, Medicaid MCOs, and any other providers designated by the ODJFS Director.	Same as the Executive.
Fiscal effect: May reduce administrative costs.	**Fiscal effect: Same as the Executive.**

Executive	As Passed by the House
JFSCD54 Automatic Suspension of Medicaid Provider Agreements	
R.C. *5111.06, 5111.031, and 5111.035*	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 "creditable allegation of fraud" against the provider exists.	Same as the Executive.
Authorizes a Medicaid provider affected by a suspension to request reconsideration of the suspension and associated termination of reimbursement.	Same as the Executive.
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.	Same as the Executive.
Fiscal effect: None. (Required by federal law.)	**Fiscal effect: Same as the Executive.**
JFSCD53 Application Fees for Medicaid Provider Agreements	
R.C. *5111.063, 5111.06, and 5111.94; Section 309.37.10*	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.	Same as the Executive, but requires ODJFS to adopt rules for fees in accordance with the Administrative Procedure Act (R.C. Chapter 119.), rather than through ODJFS's general rulemaking authority regarding reimbursement for Medicaid services.

Executive	As Passed by the House
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.	Same as the Executive.
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.	Same as the Executive.
Fiscal effect: Offsetting revenue and expenditures.	**Fiscal effect: Same as the Executive.**

JFSCD58 Federal Upper Limit for Drugs

R.C. *5111.085*	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.	Same as the Executive.
Fiscal effect: None. (Complying with federal law.)	**Fiscal effect: Same as the Executive.**

JFSCD40 Enrollment of Medicaid Recipients in Group Health Plans

R.C. *5111.13*	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.	Same as the Executive.
Fiscal effect: None.	**Fiscal effect: Same as the Executive.**

Executive	As Passed by the House
JFSCD39 Medicaid Health Homes	
R.C. *5111.14*	R.C. *5111.14*
Authorizes implementation of the federal Medicaid option of providing coordinated care through "health homes" to Medicaid recipients with chronic conditions.	Same as the Executive.
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.	**Fiscal effect: Same as the Executive.**
JFSCD32 Treatment of Trusts for Medicaid Eligibility Determinations	
R.C. *5111.151*	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.	Same as the Executive.
Prohibits a court from using the provision described above to determine a trust's effect on an individual's initial Medicaid eligibility determination.	Same as the Executive.
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.	Same as the Executive.
Restricts the contents of a pooled trust to the assets of a Medicaid applicant or recipient who is less than 65 years of age.	Same as the Executive.
Fiscal effect: Minimal savings in administrative costs.	**Fiscal effect: Same as the Executive.**

Executive	As Passed by the House
JFSCD41 Medicaid Managed Care for the Aged, Blind, or Disabled	
R.C. *5111.16*	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.	Same as the Executive.
Fiscal effect: None.	**Fiscal effect: Same as the Executive.**
JFSCD42 Pediatric Accountable Care Organizations	
R.C. *5111.161*	R.C. *5111.161, 309.30.33*
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.	Same as the Executive.
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.	Same as the Executive.
Requires ODJFS to adopt rules establishing criteria to receive a subcontract to provide the care management services.	Same as the Executive.
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	Same as the Executive, but does not provide for the 1% reduction in the rate paid for administrative expenses.

Executive	As Passed by the House
payment for the services, and the rate that the Medicaid MCO receives from ODJFS for administrative expenses is reduced by 1%.	
No provision.	Provides that in FY 2012 and FY 2013, ODJFS is permitted to reduce by 1% the rate it pays for administrative expenses to Medicaid managed care organizations.
No provision.	Prohibits a Medicaid managed care organization that receives a 1% reduction in its reimbursement rate for administrative expenses from passing the cost of the reduction onto any hospital under contract with the organization.
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.	**Fiscal effect: Same as the Executive.**

JFSCD43 Medicaid Managed Care Reimbursement Rate for Non-Contracting Hospitals

R.C. *5111.162*	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.	Same as the Executive.
Extends the modified provision to any health care provider, including physicians, that is employed, owned, leased, managed, or otherwise controlled by a hospital system.	Same as the Executive.
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.	**Fiscal effect: Same as the Executive.**

Executive	As Passed by the House
JFSCD45 Medicaid Managed Care Capital Payments	
R.C. *5111.17*	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.	Same as the Executive.
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.	**Fiscal effect: Same as the Executive.**
JFSCD46 Medicaid Managed Care Performance Payment Program	
R.C. *5111.179, Section 309.30.40*	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.	Same as the Executive, but requires ODJFS to use the Healthcare Effectiveness Data and Information Set and Quality Measurement Tool in establishing performance standards. Prohibits ODJFS from making or ceasing a performance payment based on a standard that has been included in a managed care organization's contract for less than six months.
Requires ODJFS to withhold a percentage amount established by ODJFS, from each premium payment made to a MCO and requires the OBM Director to make quarterly transfers of amounts to the bill's Managed Care Performance Payment Fund.	Same as the Executive, but prohibits ODJFS from withholding an amount that equals, in total, more than 1% of all premium payments made to Medicaid managed care organizations.
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	Same as the Executive.

Executive	As Passed by the House
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.	**Fiscal effect: Same as the Executive.**

JFSCD67 Report on NF Medicaid-Rate Methodology

R.C. *5111.20, 5111.34 (Repealed)*	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.	Same as the Executive.
Fiscal effect: Minimal administrative savings.	**Fiscal effect: Same as the 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*	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.	Same as the Executive.

Executive	As Passed by the House
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.	Same as the Executive.
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.	Same as the Executive.
Eliminates the franchise permit fee price center.	Same as the Executive.
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	Same as the Executive.

Executive	As Passed by the House
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 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%.	Same as the Executive.
In determining NFs' quality incentive payments for FY 2012, requires ODJFS to provide for the mean payment to be $14.41 per Medicaid day.	Same as the Executive.
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.	Same as the Executive.
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.	**Fiscal effect: Same as the Executive.**

JFSCD65 Maximum Payment for NF Services to Dual Eligible Individuals

R.C. *5111.227*	R.C. *5111.225*
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.	Same as the Executive.

Executive	As Passed by the House
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.	**Fiscal effect: Same as the Executive.**

JFSCD74 New Medicaid Reimbursement Formula for ICF/MR Services

R.C. *5111.225, 5111.224; Sections 309.30.80, 309.33.10*	R.C. *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.	Replaces the Executive provision with a provision that requires ODJFS and ODODD to conduct a study regarding Medicaid reimbursement rates for ICF/MR services and other ICF/MR issues.
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.	No provision.
Prohibits the new reimbursement formula for ICFs/MR from being implemented before July 1, 2012.	No provision.
Fiscal effect: Potential minimal costs associated with the advisory group.	**Fiscal effect: Minimal costs associated with the study.**

JFSCD70 Index Used in Calculating Inflation Factors in ICF/MR Rates

R.C. *5111.23, 5111.235, and 5111.241*	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 successoral index if the index specified in statute ceases to be published.	Same as the Executive.
Fiscal effect: None.	**Fiscal effect: Same as the Executive.**

Executive	As Passed by the House
JFSCD71 ICF/MR Refund of Excess Depreciation	
R.C. *5111.251*	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.	Same as the Executive.
Fiscal effect: None.	**Fiscal effect: Same as the Executive.**
JFSCD66 Centers of Excellence	
R.C. *5111.259, 5111.258*	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.	Same as the Executive, but provides for the ODJFS Director to seek federal approval for the program without specifying that the approval is to be sought in the form of a waiver.
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.	Same as the Executive.
Fiscal effect: None.	**Fiscal effect: Same as the Executive.**

Executive	As Passed by the House
JFSCD76 NF and ICF/MR Audits and Fines	
R.C. *5111.261, 5111.263, 5111.27, 5111.271, and 5111.28*	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.	Same as the Executive.
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.	Same as the Executive.
Requires ODJFS to revise certain requirements included in its manual for field audits.	Same as the Executive.
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.	No provision.
JFSCD75 Medicaid Payments to Reserve Beds in Long-Term Care Facilities	
R.C. *5111.33*	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.	Same as the Executive.

Executive	As Passed by the House
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.	Same as the Executive.
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.	Same as the Executive.
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.	Same as the Executive.
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.	**Fiscal effect: Same as the 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.	No provision.
Fiscal effect: None.	

Executive	As Passed by the House
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*	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.	Same as the Executive.
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.	Same as the Executive.
Revises the list of information that a written notice of a change of operator must include.	Same as the Executive.
Revises the criteria used to determine when a Medicaid provider agreement with an entering operator following a change of operator goes into effect.	Same as the Executive.
Applies the Medicaid debt-collection process to NFs and ICFs/MR that undergo an involuntary termination from Medicaid.	Same as the Executive.
Fiscal effect: None.	**Fiscal effect: Same as the Executive.**

Executive	As Passed by the House
JFSCD107 **Ohio Cancer Incidence Surveillance System**	
	R.C. *5111.83*
No provision.	Requires the ODJFS Director to apply for approval to claim federal financial participation for the administrative costs that the Department of Health and the Arthur G. James and Richard J. Solove Research Institute of the Ohio State University incurs in analyzing and evaluating cancer reports under the Ohio Cancer Incidence Surveillance System and the effects of cancer on Medicaid recipients and other low-income populations. **Fiscal effect: Potential gain of federal Medicaid reimbursement if approved by the federal government.**
JFSCD85 **Rules for Enrollment in Medicaid Home and Community-Based Waivers**	
R.C. *5111.85*	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.**	Same as the Executive. **Fiscal effect: Same as the Executive.**
JFSCD84 **Ohio Home Care and Ohio Transitions II Aging Carve-Out Programs Codified**	
R.C. *5111.861, 5111.862, and 5111.88*	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.**	Same as the Executive. **Fiscal effect: Same as the Executive.**

Executive	As Passed by the House
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*	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.	Same as the Executive.
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.	Same as the Executive.
Requires ODJFS and ODA to work together to determine, on an individual program basis, whether an ODJFS or ODA Medicaid waiver program (PASSPORT, Choices, Assisted Living, Ohio Home Care, and Ohio Transitions II Aging Carve-Out) 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.	Same as the Executive, but does not include the requirement that ODJFS and ODA, when determining whether an ODJFS or ODA Medicaid waiver program should be terminated if a unified long-term services and support Medicaid waiver program is created, consider whether the new waiver program covers all individuals who qualify for the program to be terminated.
Provides that all rules, standards, guidelines, or orders issued by ODJFS or ODA before an ODJFS or ODA Medicaid waiver program is terminated remain in full force and effect on and after the termination for the purpose of concluding the program's operations.	Same as the Executive, but provides that all applicable statutes also remain in full force and effect.
Permits ODJFS and ODA to adopt rules to implement administrative issues related to the termination of ODJFS and ODA Medicaid waiver programs.	Same as the Executive, but provides for the rules to be adopted in accordance with the Administrative Procedure Act (R.C. Chapter 119.).

Executive	As Passed by the House
Fiscal effect: None.	**Fiscal effect: Same as the Executive.**

JFSCD5 ICF/MR and Waiver Services Transferred to Department of Developmental Disabilities

R.C. *5111.226, 5111.211, 5111.871-5111.873, 5123.01, 5126.01; Section 309.33.20*	R.C. *5111.871, 5111.872, 5111.873, 5123.01, 5126.01; Sections 309.30.80, 309.33.20*
Requires ODJFS to contract with ODODD for ODODD to assume ODJFS's powers and duties regarding the Medicaid program's coverage of ICF/MR services.	Replaces the Executive provision with a provision that requires ODJFS and ODODD to conduct a study on the issue of transferring the powers and duties regarding ICF/MR services from ODJFS to ODODD and prohibits such a transfer for occurring unless a state law is enacted that expressly authorizes the transfer.
No provision.	Requires ODJFS and ODODD, at the same time they conduct the study regarding the transfer of ICF/MR services, to work with the Governor's Office of Health Transformation and persons interested in the issue of ICF/MR services to develop recommendations regarding various ICF/MR issues.
Requires ODJFS to contract with ODODD for ODODD to administer the Transitions Developmental Disabilities Medicaid Waiver.	Same as the Executive.
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.	Same as the Executive.
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 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,	Same as the Executive, but applies only to the Transitions Developmental Disabilities Waiver.

Executive	As Passed by the House
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.	
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.	Same as the Executive, but applies only to expenditures for services provided under the Transitions Developmental Disabilities Waiver and related administrative expenses.
Fiscal effect: None.	**Fiscal effect: Minimal costs associated with the study.**

JFSCD88 Reimbursement for Services Under ODODD Medicaid Waiver Programs

R.C. *5111.873*	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.	Same as the Executive.
Fiscal effect: None.	**Fiscal effect: Same as the Executive.**

Executive	As Passed by the House
JFSCD89 Conversion of ICF/MR Beds	
R.C. *5111.874, 5111.877*	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.	Same as the Executive.
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.	Same as the Executive.
Fiscal effect: None.	**Fiscal effect: Same as the Executive.**
JFSCD82 Administration of the Assisted Living Program	
R.C. *5111.89, 5111.894*	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.	Same as the Executive.
Fiscal effect: None.	**Fiscal effect: Same as the Executive.**

Executive	As Passed by the House
JFSCD81 **Eligibility Requirements for the Assisted Living Program**	
R.C. *5111.891*	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.	Same as the Executive.
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.	**Fiscal effect: Same as the Executive.**
JFSCD83 **Obsolete Evaluation Requirement Repealed**	
R.C. *5111.893, (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.	Same as the Executive.
Fiscal effect: None.	**Fiscal effect: Same as the Executive.**

Executive	As Passed by the House
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*	R.C. *5111.912, 5111.023, 5111.913, Section 337.30.30*
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.	Same as the Executive, but (1) removes the delayed effective date for the part of the provision regarding mental health services and (2) requires community behavioral health boards to pay for the mental health services provided during FY 2012 using funds ODMH allocates to the boards and federal matching funds.
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.	**Fiscal effect: Same as the Executive.**
JFSCD30 Health Care Special Activities Fund	
R.C. *5111.945*	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.	Same as the Executive.
Requires ODJFS to use the money in the Health Care Special Activities Fund to pay for Medicaid-related expenses.	Same as the Executive.

Executive	As Passed by the House
Fiscal effect: None.	**Fiscal effect: Same as the Executive.**

JFSCD79 Ohio Access Success Project

R.C. *5111.97*	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.	Same as the Executive.
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.	Same as the Executive.
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.	Same as the Executive.
Fiscal effect: None.	**Fiscal effect: Same as the Executive.**

JFSCD87 Pilot Program for Self-Directed Home and Community-Based Care

R.C. *5111.97, 5111.971 (Repealed)*	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.	Same as the Executive.
Fiscal effect: None.	**Fiscal effect: Same as the Executive.**

Executive	As Passed by the House
JFSCD92 Dual Eligible Integrated Care Demonstration Project	
R.C. *5111.981, 5111.944; Section 309.35.30*	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.	Same as the Executive.
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.	Same as the Executive.
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.	Same as the Executive.
Permits the ODJFS Director to seek Controlling Board approval to make expenditures from the Integrated Care Delivery Systems Fund.	Same as the Executive.
Fiscal effect: Potential gain in federal dollars.	**Fiscal effect: Same as the Executive.**
JFSCD69 ICF/MR Franchise Permit Fee	
R.C. *5112.30, 5112.31, 5112.37, 5112.371, and 5112.39*	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.	Same as the Executive.
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.	Same as the Executive, but revises the definition of "indirect guarantee percentage (which is the percentage used in determining whether the franchise permit fee on ICFs/MR must be reduced to comply with federal

Executive	As Passed by the House
	restrictions) by providing that the percentage applies to a "class of providers" rather than a "taxpayer."
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).	Same as the Executive.
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).	Same as the Executive.
Fiscal effect: Estimated $7.3 million increase in franchise fee revenue in FY 2012. (Assuming the rate changes from $13.55 in FY 2011 to $17.99 in FY 2012.) Estimated $10.3 million increase in franchise fee revenue in FY 2013. (Assuming the rate changes from $13.55 to $18.32 in FY 2013.)	**Fiscal effect: Same as the Executive.**

JFSCD61 Hospital Assessments

R.C. *5112.40, 5112.41, 5112.46, and 5112.99; Sections 620.10 to 620.13 and 812.20*	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.	Same as the Executive.
Requires ODJFS to establish the hospital assessment rate in rules.	Same as the Executive.
Permits the assessment rate to vary for different hospitals if ODJFS obtains any necessary federal waiver.	Same as the Executive.

Executive	As Passed by the House
Provides for ODJFS to impose a 10% penalty on overdue hospital assessments.	Same as the Executive.
Fiscal effect: The Executive assumes $436 million in assessment revenue in each fiscal year.	**Fiscal effect: Same as the Executive.**

JFSCD62 Offsets of Penalties under HCAP and Hospital Assessments

R.C. *5112.991, Section 309.35.90*	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.	Same as the Executive.
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.	Same as the Executive.
Fiscal effect: None.	**Fiscal effect: Same as the Executive.**

JFSCD97 Health Care/Medicaid

Section: *309.30.10*	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.	Same as the Executive.

Executive	As Passed by the House
JFSCD96 Unified Long Term Care	
Section: *309.30.20*	**Section:** *309.30.20*
Permits GRF appropriation item 600525, Health Care/Medicaid, to be used to:	Same as the Executive.
(1) Provide the preadmission screening and resident review (PASRR), which includes screening, assessments, and determinations.	(1) Same as the Executive.
(2) Assess and provide long-term care consultations to clients regardless of Medicaid eligibility.	(2) Same as the Executive.
(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 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.	(3) Same as the Executive, but also allows PACE services to be provided to persons who are determined eligible to participate in the program and have applied for, but have not yet been determined to be financially eligible.
Requires GRF appropriation item 600525, Health Care/Medicaid, to be used to:	Same as the Executive.
(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.	(1) Same as the Executive.

Executive	As Passed by the House
(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.	(2) Same as the Executive.
(3) No provision.	(3) Requires $13.9 million in FY 2012 and $27.9 million in FY 2013 to be used to provide supplemental funding to the PASSPORT Program.

JFSCD47 Reduction of Medicaid Expenditures for Fiscal Years 2012 and 2013

Section: *309.30.30*	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.	Same as the Executive, but specifies that the ODJFS Director is to implement rate reductions, in addition to purchasing strategies. Limits the provision to Medicaid-covered services selected by the ODJFS Director, rather than all medical assistance (while retaining the bill's exclusion applicable to certain long-term care services). Measures the reduction by comparing the reduced payment rates to the respective payment rates for FY 2011, rather than comparing Medicaid expenditures in general. Requires the ODJFS Director, when implementing purchasing strategies and rate reductions that reduce administrative rate payments made to Medicaid managed care organizations, to ensure that no Medicaid managed care organization passes the administrative rate payment reductions onto providers under contract with the organization.
Excludes NF and ICF/MR services from the requirement regarding purchasing strategies.	Same as the Executive.

Executive	As Passed by the House
JFSCD109 Continuation of Medicaid Rates for Hospital Inpatient and Outpatient Services	
	Section: *309.30.35*
No provision.	Requires the ODJFS Director to maintain, for FY 2012 and FY 2013, the reimbursement rates established by H.B. 1 of the 128th General Assembly for Medicaid-covered hospital inpatient and outpatient services that are paid under the Medicaid Program's prospective payment system. **Fiscal effect: The Executive budget included the assumption that the 5% hospital rate increase would be extended into FY 2012 and FY 2013. Estimated cost of $176 million ($63.3 million state share) in FY 2012 and $195 million ($70 million state share) in FY 2013.**
JFSCD38 Care Coordination for Families and Children Pending Managed Care Enrollment	
Section: *309.30.50*	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.	Same as the Executive.
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.	Same as the Executive.
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.	Same as the Executive, but also permits ODJFS to seek federal approval to authorize payment for Help Me Grow Program services.
Fiscal effect: Potential savings and potential gain of federal Medicaid reimbursement.	**Fiscal effect: Same as the Executive.**

Executive	As Passed by the House
JFSCD72 FY 2012 Medicaid Reimbursement Rates for ICFs/MR	
Section: *309.30.90*	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.	Same as the Executive.
Fiscal effect: Estimated savings of $5.5 million ($2 million state share) in FY 2012.	**Fiscal effect: Same as the Executive.**
JFSCD73 FY 2013 Medicaid Reimbursement Rates for ICFs/MR	
Section: *309.33.10*	Section: *309.33.10*
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.	Same as the Executive.
Fiscal effect: Estimated savings of $5.3 million ($1.9 million state share) in FY 2013.	**Fiscal effect: Same as the Executive.**

Executive	As Passed by the House
JFSCD48 Medicaid Quality Improvement Initiatives for Children	
Section: *309.33.40*	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 Best Evidence for Advancing Child Health in Ohio Now (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.	Same as the Executive, but removes the BEACON Council from the entities that the agencies are to seek assistance from and to work with.
Fiscal effect: None.	**Fiscal effect: Same as the Executive.**
JFSCD27 Expansion and Evaluation of PACE	
Section: *309.33.50*	Section: *309.33.50*
Requires the ODA Director to contract with Miami University's Scripps Gerontology Center for an evaluation of the PACE Program.	Same as the Executive, but also requires the Center to collaborate with the ODA Director and PACE providers and to take into account the PACE Program's unique features.
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:	Same as the Executive.
(1) funding is available;	(1) Same as the Executive.
(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	(2) Same as the Executive.
(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.	(3) No provision.

Executive	As Passed by the House
No provision.	Requires the ODA and ODJFS Directors to use their best efforts to achieve an arrangement with the U.S. Centers for Medicare and Medicaid Services to share any savings to the Medicare Program resulting from the expansion of PACE with the state.
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.	Same as the Executive, but changes "residents of" to "individuals in," "participating" and "enrolled" to "participants," and the date referenced from July 1, 2008 to July 1, 2011.
Fiscal effect: Estimated cost of $200,000 in FY 2012 in ODA's budget for the evaluation of PACE.	**Fiscal effect: Same as the Executive.**

JFSCD59 Medicaid Dispensing Fee for Noncompounded Drugs

Section: *309.33.70*	Section: *309.33.70*
Continues to set the Medicaid dispensing fee for noncompounded drugs at $1.80 for the period beginning July 1, 2011, and ending on the effective date of a rule changing the amount of the fee.	Same as the Executive.
Fiscal effect: None.	**Fiscal effect: Same as the Executive.**

Executive	As Passed by the House
JFSCD91 Money Follows the Person Enhanced Reimbursement Fund	
Section: *309.33.80*	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.	Same as the Executive.
Fiscal effect: None.	**Fiscal effect: Same as the Executive.**
JFSCD98 Medicare Part D	
Section: *309.33.90*	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.	Same as the Executive.

Executive	As Passed by the House
JFSCD78 Rebalancing Long-Term Care	
Section: *309.35.10*	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.	Same as the Executive.
Permits ODJFS to apply to participate in the federal Balancing Incentive Payments Program.	Same as the Executive.
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.	Same as the Executive.
Fiscal effect: None.	**Fiscal effect: Same as the Executive.**
JFSCD94 Ohio Access Success Project and Identification of Overpayments	
Section: *309.35.40*	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:	Same as the Executive.
(1) Up to $3,000,000 in each fiscal year to fund the state share of audits or limited reviews of Medicaid providers;	(1) Same as the Executive.
(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.	(2) Same as the Executive.

Executive	As Passed by the House
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.	Same as the Executive.

JFSCD95 **Provider Franchise Fee Offsets**

Section: *309.35.50*	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.	Same as the Executive.
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.	Same as the Executive.

Executive	As Passed by the House
JFSCD6 **Transfer of Funds to ODODD**	
Section: *309.35.60*	**Section:** *309.35.60*
Requires ODJFS to transfer, by intrastate transfer voucher, cash from the ICF/MR Bed Assessments Fund (Fund 4K10,) to the Home and Community-Based Services Fund (Fund 4K80), which is 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.	Same as the Executive.
JFSCD99 **Interagency Reimbursement**	
Section: *309.37.20*	**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.	Same as the Executive.
JFSCD100 **Medicaid Program Support Fund – State**	
Section: *309.37.30*	**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.	Same as the Executive.

Executive	As Passed by the House
JFSCD101 Transfers of IMD/DSH Cash to the Department of Mental Health	
Section: *309.37.40*	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.	Same as the Executive.
JFSCD44 Medicaid Managed Care Coverage of Prescription Drugs	
Section: *309.37.50*	Sections: *309.37.50, 5111.172*
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.	Same as the Executive, but specifies in permanent law (in place of an uncodified provision of the bill) that the coverage of prescription drugs for Medicaid managed care participants must be provided through the health insuring corporations (HICs) in which they are enrolled.
No provision.	Prohibits HICs participating in Medicaid managed care from imposing prior authorization requirements for mental health drugs that are antidepressants or antipsychotics, with the following conditions: (1) the drugs must be in standard tablet or capsule form, but allows antipsychotics to also be in a long-acting injectable form; and (2) the drugs must be prescribed by a psychiatrist credentialed by the HICs.
No provision.	Prohibits HICs participating in Medicaid managed care from imposing prior authorization requirements if the recipient was being treated with antidepressants or antipsychotics or the drug was prescribed by any other health professional who was treating a Medicaid recipient immediately before Medicaid managed care resumes coverage of prescription

Executive	As Passed by the House
	drugs, but only for a 120-day period.
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.	**Fiscal effect: Same as the Executive, but potential fiscal effect if there are differences between the prior authorization requirements for mental health drugs under fee-for-service and managed care.**

JFSCD60 Hospital Care Assurance Program

Sections: *690.10, 690.11, and 309.35.70*	Sections: *690.10, 690.11, and 309.35.70*
Continues the Hospital Care Assurance Program (HCAP) for two additional years.	Same as the Executive.
Requires FED Fund 3F00 appropriation item 600650, Hospital Care Assurance Match, to be used by ODJFS solely for distributing funds to hospitals under HCAP.	Same as the Executive.
Fiscal effect: None.	**Fiscal effect: Same as the Executive.**

Social Services

JFSCD22 Use of Title XX Funds for Local Agency's Administrative Costs

R.C. *5101.46*	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%.)	Same as the Executive.
Fiscal effect: Reduction in the amount of Title XX funds county agencies can use for administrative expenses.	**Fiscal effect: Same as the Executive.**

Executive	As Passed by the House
JFSCD9 Ohio Association of Second Harvest Food Banks	
Section: *309.40.30*	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.	Same as the Executive.
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.	Same as the Executive.
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.	Same as the Executive.
Fiscal effect: According to ODJFS, in the next biennium, the Association will be funded with $8.5 million in each fiscal year from non-GRF sources, in addition to appropriations in GRF line item 600540, Second Harvest Food Banks.	**Fiscal effect: Same as the Executive.**

Executive	As Passed by the House
JFSCD13 Child, Family, and Adult and Community Protective Services	
Section: *309.50.30*	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.	Same as the Executive.

Food Stamp Program

JFSCD102 Food Stamps Transfer	
Section: *309.40.10*	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).	Same as the Executive.
JFSCD8 Name of Food Stamp Program	
Section: *309.40.20*	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.	Same as the Executive.
Fiscal effect: None.	**Fiscal effect: Same as the Executive.**

Executive	As Passed by the House
Unemployment Compensation	
JFSCD16 Unemployment Compensation Advisory Council	
R.C. *4141.08, 4141.11*	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.	Same as the Executive.
Requires the Director, instead of the Council, to request the OBM Director to transfer excess funds in the Fund to the Unemployment Compensation Fund.	Same as the Executive.
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.	Same as the Executive.
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.	**Fiscal effect: Same as the Executive.**

Executive	As Passed by the House
JFSCD120 Seasonal Unemployment	
	R.C. *4141.33*
No provision.	Repeals current law that allows individuals with seasonal employment with two or more seasonal employers or both seasonal and nonseasonal employers to receive unemployment benefits and replaces it with a provision that prohibits an individual who performs services that substantially consist of services performed in seasonal employment from being paid benefits for those services for any week in the period between two successive seasonal periods if the individual performed those services in the first of the seasonal periods and there is reasonable assurance that the individual will perform those services in the later of the seasonal periods and requires the ODJFS Director to adopt rules to implement this provision. **Fiscal effect: Potential decrease in expenditures from the state's Unemployment Compensation Trust Fund.**

Executive	As Passed by the House
JFSCD15 Federal Unemployment Programs	
Section: *309.60.10*	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.	Same as the Executive.

Executive	As Passed by the House
AGECD17 Home First Process	
R.C. *173.404, 173.401, 173.501, and 5111.894*	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.	Same as the Executive.
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.	Same as the Executive.
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.	Same as the Executive.
Fiscal effect: Potential minimal decrease in administrative duties and costs relating to the elimination of the requirement that ODA make quarterly certifications.	**Fiscal effect: Same as the Executive.**

Executive	As Passed by the House
ADACD2 Elevation of Medicaid Alcohol and Drug Addiction Services	
R.C. *3793.04, 3793.21, 4511.191, 5111.911, 5111.913*	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.	Same as the Executive.
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.	Same as the Executive.
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.	Same as the Executive.

Executive	As Passed by the House
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.	**Fiscal effect: Same as the Executive.**

Executive	As Passed by the House
DDDCD15 Nonfederal Share of New ICF/MR Beds	
Section: *263.20.60*	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.	Same as the Executive.