

Executive	As Passed by the House	As Passed by the Senate	As Reported by Conference Committee
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General

JFSCD24 County Share of Public Assistance Expenditures

R.C. 5101.16

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

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

R.C. 5101.16

Same as the Executive.

Fiscal effect: Same as the Executive.

R.C. 5101.16

Same as the Executive.

Fiscal effect: Same as the Executive.

R.C. 5101.16

Same as the Executive.

Fiscal effect: Same as the Executive.

JFSCD25 Recovery of Costs by County Family Service Agencies

R.C. 5101.183

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

Permits county family service agencies to recover costs of benefits secured through fraud or misrepresentation or that were intentionally diverted to ineligible persons or

R.C. 5101.183

Same as the Executive.

Same as the Executive.

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Same as the Executive.

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Same as the Executive.

Same as the Executive.

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<p>to recover any other costs of benefits and services if recovery is required or permitted by federal law.</p> <p>Fiscal effect: Gain in revenue to county agencies if costs are recovered.</p>	<p>Fiscal effect: Same as the Executive.</p>	<p>Fiscal effect: Same as the Executive.</p>	<p>Fiscal effect: Same as the Executive.</p>
JFSCD20 Recovering Excess Payments to Counties			
<p>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.</p> <p>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.</p> <p>Fiscal effect: Gain in revenue if ODJFS recovers excess payments.</p>	<p>R.C. 5101.244 Same as the Executive.</p> <p>Same as the Executive.</p> <p>Fiscal effect: Same as the Executive.</p>	<p>R.C. 5101.244 Same as the Executive, but removes the authority of ODJFS to require a county entity to enter into a repayment agreement, and instead authorizes ODJFS to enter into such an agreement with the county entity.</p> <p>Same as the Executive.</p> <p>Fiscal effect: Same as the Executive.</p>	<p>R.C. 5101.244 Same as the Senate.</p> <p>Same as the Executive.</p> <p>Fiscal effect: Same as the Executive.</p>

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JFSCD28 Audits			
<p>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.</p>	<p>R.C. 5101.37, 121.22 Same as the Executive.</p>	<p>R.C. 5101.37, 121.22 Same as the Executive.</p>	<p>R.C. 5101.37, 121.22 Same as the Executive.</p>
<p>Specifies that until an audit report is formally released by ODJFS, the audit report and any related documents or records are not public records.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>
<p>Authorizes the ODJFS Director to adopt internal management rules, without an administrative hearing, as necessary to implement the law governing ODJFS, CDJFS, and CSEA audits and investigations.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>
<p>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.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>
<p>Fiscal effect: Increase in costs to ODJFS, CDJFSs, and CSEAs if audits conducted.</p>	<p>Fiscal effect: Same as the Executive.</p>	<p>Fiscal effect: Same as the Executive.</p>	<p>Fiscal effect: Same as the Executive.</p>

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JFSCD2 Administration and Operating			
<p>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.</p>	<p>Section: 309.20.10 Same as the Executive.</p>	<p>Section: 309.20.10 Same as the Executive.</p>	<p>Section: 309.20.10 Same as the Executive.</p>
<p>Requires ODJFS to use up to \$535,000 of appropriation item 600633, Administration and Operating, to pay for one-time contract expenses.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>
JFSCD3 Transfer to State and County Shared Services Fund			
<p>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.</p>	<p>Section: 309.20.20 Same as the Executive.</p>	<p>Section: 309.20.20 Same as the Executive.</p>	<p>Section: 309.20.20 Same as the Executive.</p>

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JFSCD4 Agency Fund Group			
<p>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.</p>	<p>Section: 309.20.30 Same as the Executive.</p>	<p>Section: 309.20.30 Same as the Executive.</p>	<p>Section: 309.20.30 Same as the Executive.</p>

Executive	As Passed by the House	As Passed by the Senate	As Reported by Conference Committee
Child Care			
JFSCD112 Child Care Provider Licensing			
	R.C. 5104.01, 5104.011, 5104.38	R.C. 5104.01, 5104.011, 5104.012, 5104.013, 5104.03, 5104.04, 5104.05, 5104.38, and 5104.99	R.C. 5104.01, 5104.011, 5104.012, 5104.013, 5104.03, 5104.04, 5104.05, 5104.38, and 5104.99
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 day-care home license applicants and potential employees.	Same as the House.	Same as the House.
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.	Same as the House.	Same as 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.	Same as the House, but removes a provision that would have specified sanctions that could be imposed for a child care violation constituting serious risk noncompliance when the violation does not result in harm or death to a child, and adds a requirement for the ODJFS Director to make a dispute resolution process available for implementing sanctions.	Same as the Senate.
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.	Same as the House.	Same as the House.

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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.	Same as the House.	Same as the House.
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.	Same as the House, but also eliminates the requirement to renew every two years a license for a child day-care center or type A family day-care home, and repeals statutes related to the renewal process.	Same as the Senate.
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.	Same as the House.	Same as the House.
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, within one year of employment or designation, rather than six years.	Same as the House.	Same as the House.
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.	Same as the House.	Same as the House.

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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.	No provision.	No provision.
No provision.	No provision.	Permits the ODJFS Director to provide copies of child care licensure requirements in either paper or electronic form.	Same as the Senate.
No provision.	No provision.	Prohibits the ODJFS Director from issuing a license for a day-care center or Type A home if the owner's application for a license has been denied within five years.	Same as the Senate.
No provision.	No provision.	Extends the period for which a provisional license for a day-care center or type A home is valid from six to twelve months.	Same as the Senate.
No provision.	No provision.	Extends the waiting period under which a day-care center or type A home must wait after having a license revoked before applying for another license from two to five years.	Same as the Senate.
	Fiscal effect: Potential minimal decrease in administrative costs to ODJFS.	Fiscal effect: Same as the House, but there could be a greater decrease in costs.	Fiscal effect: Same as the Senate.

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JFSCD116 Educational Requirements for Child Day-Care Center Staff			
No provision.	<p>R.C. 5104.011 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.</p> <p>Fiscal effect: None.</p>	<p>R.C. 5104.011 Same as the House.</p> <p>Fiscal effect: Same as the House.</p>	<p>R.C. 5104.011 Same as the House.</p> <p>Fiscal effect: Same as the House.</p>
JFSCD111 Child Day-Care Centers and Type A Family Day-Care Homes Licensure Enforcement			
No provision.	<p>R.C. 5104.04 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.</p>	<p>R.C. 5104.04 Same as the House.</p>	<p>R.C. 5104.04 Same as the House.</p>
No provision.	<p>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 violation.</p> <p>Fiscal effect: Potential decrease in administrative costs.</p>	<p>Same as the House.</p> <p>Fiscal effect: Same as the House.</p>	<p>Same as the House.</p> <p>Fiscal effect: Same as the House.</p>

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JFSCD114 Publication of Type B Family Day-Care Home Guide			
No provision.	<p>R.C. 5104.13 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.</p> <p>Fiscal effect: Potential decrease in administrative costs.</p>	<p>R.C. 5104.13 Same as the House.</p> <p>Fiscal effect: Same as the House.</p>	<p>R.C. 5104.13 Same as the House.</p> <p>Fiscal effect: Same as the House.</p>
JFSCD113 Publicly Funded Child Care Incentives			
No provision.	<p>R.C. 5104.30 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.</p>	<p>R.C. 5104.30 Same as the House.</p>	<p>R.C. 5104.30 Same as the House.</p>
No provision.	<p>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.</p>	<p>Same as the House.</p>	<p>Same as the House.</p>

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	<p>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.</p>	<p>Fiscal effect: Same as the House.</p>	<p>Fiscal effect: Same as the House.</p>
<p>JFSCD19 Payment for Publicly Funded Child Care</p>			
<p>R.C. <i>5104.32, 5104.341, 5104.35, 5104.37, 5104.38, 5104.39, 5104.42, and 5104.43</i></p> <p>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.</p> <p>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.</p> <p>Requires ODJFS to adopt rules that specify the standards and procedures for determining a higher payment to child care</p>	<p>R.C. <i>5104.32, 5104.341, 5104.35, 5104.37, 5104.38, 5104.39, 5104.42, and 5104.43</i></p> <p>Same as the Executive.</p> <p>Same as the Executive.</p> <p>Same as the Executive.</p>	<p>R.C. <i>5104.32, 5104.341, 5104.35, 5104.37, 5104.38, 5104.39, 5104.42, and 5104.43</i></p> <p>Same as the Executive.</p> <p>Same as the Executive.</p> <p>Same as the Executive.</p>	<p>R.C. <i>5104.32, 5104.341, 5104.35, 5104.37, 5104.38, 5104.39, 5104.42, and 5104.43</i></p> <p>Same as the Executive.</p> <p>Same as the Executive.</p> <p>Same as the Executive.</p>

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<p>providers based on special needs of the child being served, if ODJFS establishes a different reimbursement ceiling based on that criteria.</p> <p>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.</p>	<p>Fiscal effect: Same as the Executive.</p>	<p>Fiscal effect: Same as the Executive.</p>	<p>Fiscal effect: Same as the Executive.</p>

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.	No provision.	No provision.
No provision.	Requires, for the purpose of the rate, that a part-time week be considered 10 to 24.9 hours of day care.	No provision.	No provision.

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	<p>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.</p>		

JFSCD132 Publicly Funded Child Care Providers

<p>No provision.</p>	<p>No provision.</p>	<p>R.C. 5104.34 Prohibits an eligible caretaker parent from receiving publicly funded child care from more than one provider without prior approval from the county department of job and family services based on good cause.</p>	<p>R.C. 5104.34 Same as the Senate, but prohibits an eligible caretaker parent from receiving full-time publicly funded child care from more than one provider per child, and removes the authority of CDJFS's to grant prior approval based on good cause.</p>
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Executive	As Passed by the House	As Passed by the Senate	As Reported by Conference Committee
		<p>Fiscal effect: Potential decrease in expenditures for publicly funded child care. Expenditures could decrease if children that currently receive services from two providers receiving part-time rates would receive services from one provider receiving a full-time rate. A full-time rate (paid for over 25 hours/week) is generally less than the sum of two part-time rates (paid for 7 to 24 hours/week). In current rule, a child may not have more than two part-time providers and no more than one full-time provider.</p>	<p>Fiscal effect: None. Aligns with current practice.</p>
JFSCD104 Reinstatement of Eligibility			
<p>No provision.</p>	<p>R.C. 5104.38 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.</p> <p>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.</p>	<p>R.C. 5104.38 Same as the House.</p> <p>Fiscal effect: Same as the House.</p>	<p>R.C. 5104.38 Same as the House.</p> <p>Fiscal effect: Same as the House.</p>

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JFSCD131 Child Care Swipe Card Pilot Program Fraud			
<p>No provision.</p>	<p>No provision.</p>	<p>Section: 309.40.70 Provides that fraudulent reporting of enrollment or attendance data by child care providers or parents participating in a swipe card program implemented by ODJFS is grounds for license or certification revocation or loss of eligibility for publicly funded child care.</p> <p>Fiscal effect: Potential decrease in expenditures for publicly funded child care.</p>	<p>Section: 309.40.70 Replaces the Senate provision with a provision that specifies that misuse of a swipe card program implemented by ODJFS to track attendance and submit invoices for payment is a reason for which a provider's license or certification may be revoked or for which a parent may lose eligibility for publicly funded child care.</p> <p>Fiscal effect: Same as the Senate.</p>
<u>Child Support Enforcement</u>			
JFSCD26 State Employee Child Support Fund			
<p>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.</p> <p>Fiscal effect: None.</p>	<p>R.C. 125.213 Same as the Executive.</p> <p>Fiscal effect: Same as the Executive.</p>	<p>R.C. 125.213 Same as the Executive.</p> <p>Fiscal effect: Same as the Executive.</p>	<p>R.C. 125.213 Same as the Executive.</p> <p>Fiscal effect: Same as the Executive.</p>

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JFSCD18 Child Support Custodial Fund			
<p>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.</p> <p>Fiscal effect: None.</p>	<p>R.C. 3121.48 Same as the Executive.</p> <p>Fiscal effect: Same as the Executive.</p>	<p>R.C. 3121.48 Same as the Executive.</p> <p>Fiscal effect: Same as the Executive.</p>	<p>R.C. 3121.48 Same as the Executive.</p> <p>Fiscal effect: Same as the Executive.</p>
JFSCD105 License Suspension Procedures for Defaulting Child Support Obligors			
<p>No provision.</p>	<p>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</p> <p>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.</p>	<p>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</p> <p>Same as the House.</p>	<p>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</p> <p>Same as the House, but specifies a CSEA may not send a notice when the obligor has paid at least 50% of the monthly obligation due for that period, rather than at least 50% of the arrearage.</p>

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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.	Same as the House.	Same as the House, but requires ODJFS to adopt rules establishing standards for confirming an individual's employment or the existence of an account for the purpose of reinstating a suspended license.
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.	Same as the House.	Same as 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.	Same as the House.	Same as the House.
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.	Same as the House.	Same as the House.
No provision.	No provision.	No provision.	Clarifies that making full payment of an arrearage for the purpose of reinstatement means paying the total arrearage as of the payment date rather than the arrearage as of the date the default was determined.
No provision.	No provision.	No provision.	Specifies when a license may be reinstated as a result of the obligor's compliance with a

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			family support program or payment of the balance of the total monthly obligation for the ninety-day period before the suspension notice was issued.
	Fiscal effect: Minimal.	Fiscal effect: Same as the House.	Fiscal effect: Same as the House.

Child Welfare and Adoption

JFSCD11 Differential Response

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

Requires a public children services agency, in accordance with rules that ODJFS is required to adopt, to prepare and maintain a case plan or family service plan for any child the agency is providing in-home services pursuant to a family assessment response.

Requires a court to journalize a case plan for unruly or delinquent children subject to protective supervision.

Allows a public children services agency to use a "family assessment response" or "investigative assessment response" to a report of child abuse or neglect.

Requires 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.

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

Same as the Executive, but changes the term "family assessment response" to "alternative response."

No provision.

Same as the Executive, but changes the terms "family assessment response" and "investigative assessment response" to "alternative response" and "traditional response," respectively.

No provision.

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

Same as the House.

No provision.

Same as the House.

No provision.

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

Same as the House.

No provision.

Same as the House.

No provision.

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<p>Requires ODJFS to plan the statewide expansion of the Ohio Alternative Response Pilot Program on a county by county basis, through a schedule determined by ODJFS. Specifies that the program will be known as "differential response." Authorizes ODJFS to adopt rules to carry out this provision.</p> <p>Fiscal effect: Potential decrease in costs over time.</p>	<p>Same as the Executive.</p> <p>Fiscal effect: Same as the Executive.</p>	<p>Same as the Executive.</p> <p>Fiscal effect: Same as the Executive.</p>	<p>Same as the Executive.</p> <p>Fiscal effect: Same as the Executive.</p>
JFSCD21 Children's Trust Fund Rulemaking			
<p>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.</p> <p>Fiscal effect: Minimal increase in costs if rules adopted.</p>	<p>R.C. 3109.16 Same as the Executive.</p> <p>Fiscal effect: Same as the Executive.</p>	<p>R.C. 3109.16 Same as the Executive.</p> <p>Fiscal effect: Same as the Executive.</p>	<p>R.C. 3109.16 Same as the Executive.</p> <p>Fiscal effect: Same as the Executive.</p>
JFSCD123 Children's Trust Fund Soliciting Donations And Public-Private Partnerships			
<p>No provision.</p>	<p>No provision.</p>	<p>R.C. 3109.16 Specifies that the Children's Trust Fund Board is authorized to solicit and accept gifts, money, and other donations from any public or private source.</p>	<p>R.C. 3109.16 Same as the Senate.</p>

Executive	As Passed by the House	As Passed by the Senate	As Reported by Conference Committee
No provision.	No provision.	Permits the Board to develop private-public partnerships to support the mission of the Children's Trust Fund. Fiscal effect: Potential increase in revenue if the Board is able to solicit additional funds.	Same as the Senate. Fiscal effect: Same as the Senate.
JFSCD115 Children's Trust Fund Allocation to Children's Crisis Care Facilities			
No provision.	R.C. 3109.17 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.	No provision.	No provision.

Executive	As Passed by the House	As Passed by the Senate	As Reported by Conference Committee
JFSCD17 Transfer of Money from Public Assistance Fund to Children Services Fund			
<p>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.</p> <p>Fiscal effect: Revenue gain to Children Services Fund if transfer is made.</p>	<p>R.C. 5705.14 Same as the Executive.</p> <p>Fiscal effect: Same as the Executive.</p>	<p>R.C. 5705.14 Same as the Executive, but also permits the transfer of money to a county child support enforcement administrative fund, as long as the money may be spent for the purposes of that fund.</p> <p>Fiscal effect: Same as the Executive, plus potential revenue gains to county child support enforcement administrative funds, if transfer is made.</p>	<p>R.C. 5705.14 Same as the Senate.</p> <p>Fiscal effect: Same as the Senate.</p>
JFSCD12 Flexible Funding for Families and Children			
<p>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.</p>	<p>Section: 309.50.20 Same as the Executive.</p>	<p>Section: 309.50.20 Same as the Executive.</p>	<p>Section: 309.50.20 Same as the Executive.</p>

Executive	As Passed by the House	As Passed by the Senate	As Reported by Conference Committee
JFSCD129 Children And Family Services Activities			
No provision.	No provision.	Section: 309.50.33 Requires SSR appropriation item 600609, Children and Family Services Activities, be used to expend miscellaneous foundation funds and grants to support children and family services activities.	Section: 309.50.33 Same as the Senate.
JFSCD14 Adoption Assistance Loan			
Section: 309.50.40 Authorizes ODJFS to use up to ten percent of SSR appropriation item 600634, Adoption Assistance Loan, for administration of adoption assistance loans.	Section: 309.50.40 Same as the Executive.	Section: 309.50.40 Same as the Executive.	Section: 309.50.40 Same as the Executive.
Fiscal effect: ODJFS may use up to \$50,000 in each fiscal year to administer adoption assistance loans.	Fiscal effect: Same as the Executive.	Fiscal effect: Same as the Executive.	Fiscal effect: Same as the Executive.

Executive	As Passed by the House	As Passed by the Senate	As Reported by Conference Committee
<u>Title IV-A Temporary Assistance for Needy Families</u>			
JFSCD126 Ohio Commission on Fatherhood			
No provision.	No provision.	<p data-bbox="1346 412 1623 438">R.C. 5101.342</p> <p data-bbox="1346 459 1919 789">Requires the Ohio Commission on Fatherhood to collaborate with the ODJFS Director to establish outcomes and annual measures for fatherhood-related programs and initiatives and to report the results with its existing annual report that is submitted to the President and Minority Leader of the Senate, Speaker and Minority Leader of the House of Representatives, Governor, and Chief Justice of the Supreme Court.</p>	<p data-bbox="1964 412 2376 438">R.C. 5101.342, 5101.341</p> <p data-bbox="1964 459 2239 487">Same as the Senate.</p> <p data-bbox="1964 808 2542 1039">Requires the Governor to appoint an executive director to the Commission and requires the executive director to report to the ODJFS Director. Specifies that staff and other support services from ODJFS are to be provided as necessary for the Commission to fulfill its duties.</p>
No provision.	No provision.	No provision.	Requires the Governor to appoint an executive director to the Commission and requires the executive director to report to the ODJFS Director. Specifies that staff and other support services from ODJFS are to be provided as necessary for the Commission to fulfill its duties.
		Fiscal effect: Minimal increase in costs.	Fiscal effect: Same as the Senate.

Executive	As Passed by the House	As Passed by the Senate	As Reported by Conference Committee
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JFSCD10 Child Support Collections/TANF MOE

Section: 309.40.40

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

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

Section: 309.40.40

Same as the Executive.

Fiscal effect: Same as the Executive.

Sections: 309.40.40, 309.10

Same as the Executive, but changes the name of the appropriation item to "Public Assistance Activities."

Fiscal effect: Same as the Executive.

Sections: 309.40.40, 309.10

Same as the Senate.

Fiscal effect: Same as the Executive.

JFSCD127 TANF Block Grant

No provision.

No provision.

Sections: 309.40.50, 309.40.60, 309.40.63

Makes the following earmarks of FED Fund 3V60 appropriation item 600689, TANF Block Grant:

Sections: 309.40.50, 309.40.60, 309.40.63

Same as the Senate.

No provision.

No provision.

(1) \$2 million in each fiscal year for the Independent Living Initiative.

Same as the Senate.

Executive	As Passed by the House	As Passed by the Senate	As Reported by Conference Committee
No provision.	No provision.	(2) \$1.2 million in each fiscal year for the Kinship Permanency Incentive Program.	Same as the Senate.
No provision.	No provision.	(3) \$1 million in each fiscal year for the Ohio Commission on Fatherhood.	Same as the Senate.

Medicaid

JFSCD80 State-Funded Components of PASSPORT and Assisted Living

R.C.	As Passed by the House	As Passed by the Senate	As Reported by Conference Committee
<i>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</i>	<i>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</i>	<i>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</i>	<i>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</i>
Creates state-funded, non-Medicaid components of the PASSPORT and Assisted Living programs.	Same as the Executive.	Same as the Executive.	Same as the Executive, but provides for the provision creating the state-funded component of the PASSPORT Program to be exempt from the referendum and to take effect immediately when the bill becomes law.
Provides for individuals who have applications pending for the Medicaid-funded components of the PASSPORT and Assisted Living programs and meet other requirements to qualify for the state-funded components for up to three months.	Same as the Executive.	Same as the Executive.	Same as the Executive.
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.	Same as the Executive.	Same as the Executive.

Executive	As Passed by the House	As Passed by the Senate	As Reported by Conference Committee
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.	Same as the Executive.	Same as the Executive.
No provision.	No provision.	No provision.	Same as the Executive.
Fiscal effect: No net effect.	Fiscal effect: Same as the Executive.	Fiscal effect: Same as the Executive.	
JFSCD117 Nursing Facility Capacity Council			
No provision.	R.C. 309.30.73 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.	R.C. 309.30.73 Same as the House.	No provision.
No provision.	Requires the Council to issue a written report by June 30, 2012, after which the Council is terminated.	Same as the House.	No provision.
	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.	Fiscal effect: Same as the House.	

Executive	As Passed by the House	As Passed by the Senate	As Reported by Conference Committee
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JFSCD63 Nursing Home and Hospital Long-Term Care Unit Franchise Permit Fees

Executive	As Passed by the House	As Passed by the Senate	As Reported by Conference Committee
<p>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</p>	<p>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</p>	<p>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</p>	<p>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</p>
<p>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.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive, but sets the base rate at \$11.47 for FY 2012 and at \$11.67 for FY 2013.</p>
<p>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.</p>	<p>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."</p>	<p>Same as the House.</p>	<p>Same as the House.</p>
<p>Abolishes the Home- and Community-Based Services for the Aged Fund (Fund 4J50).</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>
<p>Renames the Nursing Facility Stabilization Fund (Fund 5R20) the Nursing Home Franchise Permit Fee Fund (Fund 5R20).</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>
<p>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</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>

Executive	As Passed by the House	As Passed by the Senate	As Reported by Conference Committee
<p>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.</p>			
<p>Abolishes the PASSPORT Fund.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>
<p>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.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>
<p>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.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>
<p>No provision.</p>	<p>No provision.</p>	<p>No provision.</p>	<p>Requires ODJFS annually to redetermine each nursing home's and hospital long-term care unit's franchise permit fee for the second half of a fiscal year if, during a certain period of time, any nursing home or hospital surrendered one or more beds.</p>
<p>No provision.</p>	<p>No provision.</p>	<p>No provision.</p>	<p>Provides that the exiting and entering operator of a nursing home or hospital long-term care unit undergoing a change of operator have proportional responsibility for the nursing home's or hospital's franchise permit fee.</p>

Executive	As Passed by the House	As Passed by the Senate	As Reported by Conference Committee
<p>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.)</p>	<p>Fiscal effect: Same as the Executive.</p>	<p>Fiscal effect: Same as the Executive.</p>	<p>Fiscal effect: Same as the Executive, but additional gain of \$1.6 million in franchise fee revenue in FY 2012 and \$2 million in FY 2013.</p>
<p>JFSCD35 Medicaid Recipient Audits</p>			
<p>R.C. <i>5101.181, 145.27, 742.41, 3307.20, 3309.22, 4123.27, 5101.82, and 5505.04</i></p> <p>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.</p> <p>Requires the State Auditor to enter into an interagency agreement with ODJFS governing the confidentiality of information the Auditor receives from ODJFS pursuant to an audit of a medical assistance recipient.</p> <p>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</p>	<p>R.C. <i>5101.181, 145.27, 742.41, 3307.20, 3309.22, 4123.27, 5101.82, and 5505.04</i></p> <p>Same as the Executive.</p> <p>Same as the Executive.</p> <p>Same as the Executive.</p>	<p>R.C. <i>5101.181, 145.27, 742.41, 3307.20, 3309.22, 4123.27, 5101.82, and 5505.04</i></p> <p>Same as the Executive.</p> <p>Same as the Executive.</p> <p>Same as the Executive.</p>	<p>R.C. <i>5101.181, 145.27, 742.41, 3307.20, 3309.22, 4123.27, 5101.82, and 5505.04</i></p> <p>Same as the Executive.</p> <p>Same as the Executive.</p> <p>Same as the Executive.</p>

Executive	As Passed by the House	As Passed by the Senate	As Reported by Conference Committee
<p>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.</p> <p>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.</p> <p>Fiscal effect: None.</p>	<p>Same as the Executive.</p> <p>Fiscal effect: Same as the Executive.</p>	<p>Same as the Executive.</p> <p>Fiscal effect: Same as the Executive.</p>	<p>Same as the Executive.</p> <p>Fiscal effect: Same as the Executive.</p>

JFSCD36 Disclosure of Information Regarding Medical Assistance Recipients

<p>R.C. <i>5101.26, 5101.271, 5101.272, 5101.273, 5101.28, and 5101.30</i></p> <p>Replaces provisions governing the disclosure of information about medical assistance recipients.</p> <p>Eliminates the authority of ODJFS or a CDJFS to request from a law enforcement agency information regarding a medical</p>	<p>R.C. <i>5101.26, 5101.271, 5101.272, 5101.273, 5101.28, and 5101.30</i></p> <p>Same as the Executive.</p> <p>Same as the Executive.</p>	<p>R.C. <i>5101.26, 5101.271, 5101.272, 5101.273, 5101.28, and 5101.30</i></p> <p>Same as the Executive.</p> <p>Same as the Executive.</p>	<p>R.C. <i>5101.26, 5101.271, 5101.272, 5101.273, 5101.28, and 5101.30</i></p> <p>Same as the Executive.</p> <p>Same as the Executive.</p>
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Executive	As Passed by the House	As Passed by the Senate	As Reported by Conference Committee
<p>assistance recipient that ODJFS or the CDJFS can use for purposes of determining whether the recipient or a member of the recipient's assistance group is a fugitive felon or is violating a condition of probation, a community control sanction, parole, or a post-release control sanction.</p> <p>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.</p> <p>Fiscal effect: None.</p>	<p>Same as the Executive.</p> <p>Fiscal effect: Same as the Executive.</p>	<p>Same as the Executive.</p> <p>Fiscal effect: Same as the Executive.</p>	<p>Same as the Executive.</p> <p>Fiscal effect: Same as the Executive.</p>
JFSCD31 Eligibility Determinations for Medicaid and CHIP			
<p>R.C. <i>5101.47, 5111.012</i></p> <p>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.</p> <p>Fiscal effect: None.</p>	<p>R.C. <i>5101.47, 5111.012</i></p> <p>Same as the Executive.</p> <p>Fiscal effect: Same as the Executive.</p>	<p>R.C. <i>5101.47, 5111.012</i></p> <p>Same as the Executive.</p> <p>Fiscal effect: Same as the Executive.</p>	<p>R.C. <i>5101.47, 5111.012</i></p> <p>Same as the Executive.</p> <p>Fiscal effect: Same as the Executive.</p>

Executive	As Passed by the House	As Passed by the Senate	As Reported by Conference Committee
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JFSCD133 School-Based Health Centers as CHIP Providers

No provision.	No provision.	<p>R.C. 5101.50, 5101.504, 5101.5110, 5101.5111, 5101.5210</p> <p>Provides that health assistance services that the Children's Health Insurance Program covers may be furnished through school-based health centers.</p> <p>Fiscal effect: Potential gain in federal reimbursement to school-based health centers.</p>	No provision.
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JFSCD93 Children's Buy-In Program

<p>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</p> <p>Abolishes the Children's Buy-In Program.</p>	<p>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</p> <p>Same as the Executive.</p>	<p>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</p> <p>Same as the Executive.</p>	<p>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</p> <p>Same as the Executive.</p>
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Executive	As Passed by the House	As Passed by the Senate	As Reported by Conference Committee
<p>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.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>
<p>Fiscal effect: Appropriation is reduced from \$10 million to \$1 million.</p>	<p>Fiscal effect: Same as the Executive.</p>	<p>Fiscal effect: Same as the Executive.</p>	<p>Fiscal effect: Same as the Executive.</p>

JFSCD37 Medicaid Right of Recovery Against Liable Third Parties

R.C. 5101.573	R.C. 5101.573	R.C. 5101.573	R.C. 5101.573
<p>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.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>
<p>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.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>
<p>Fiscal effect: May result in additional recovered funds from third parties.</p>	<p>Fiscal effect: Same as the Executive.</p>	<p>Fiscal effect: Same as the Executive.</p>	<p>Fiscal effect: Same as the Executive.</p>

Executive	As Passed by the House	As Passed by the Senate	As Reported by Conference Committee
JFSCD140 Waiver for Transferring Assets for Less than Fair Market Value			
No provision.	No provision.	No provision.	<p>R.C. 5111.0116, 5111.011 Provides that an institutionalized individual may be granted a waiver of the Medicaid penalty imposed when assets are transferred for less than fair market value if the ineligibility would cause an undue hardship for the individual.</p>
No provision.	No provision.	No provision.	<p>Requires that such a waiver be issued if a nursing facility has notified an institutionalized individual of a proposed transfer or discharge due to failure to pay, the individual or the individual's sponsor requests a hearing, and the proposed transfer or discharge is upheld on final appeal.</p>
No provision.	No provision.	No provision.	<p>Requires the ODJFS Director to adopt rules establishing additional reasons for which such waivers may be granted.</p>
<p>Fiscal effect: Potential increase in costs.</p>			

Executive	As Passed by the House	As Passed by the Senate	As Reported by Conference Committee
JFSCD33 Compliance with Federal Maintenance of Effort Requirement			
<p>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.</p> <p>Fiscal effect: None.</p>	<p>R.C. 5111.0122 Same as the Executive.</p> <p>Fiscal effect: Same as the Executive.</p>	<p>R.C. 5111.0122 Same as the Executive.</p> <p>Fiscal effect: Same as the Executive.</p>	<p>R.C. 5111.0122 Same as the Executive.</p> <p>Fiscal effect: Same as the Executive.</p>
JFSCD34 Reduction of Complexity in Medicaid Eligibility Determination Processes			
<p>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.</p> <p>Fiscal effect: No impact for the current biennium. Potential administrative savings beyond the current biennium.</p>	<p>R.C. 5111.0123 Same as the Executive.</p> <p>Fiscal effect: Same as the Executive.</p>	<p>R.C. 5111.0123 Same as the Executive, but requires ODJFS, on receipt of any necessary federal approval, to reduce the complexity of the eligibility determination processes.</p> <p>Fiscal effect: Same as the Executive.</p>	<p>R.C. 5111.0123 Same as the Senate.</p> <p>Fiscal effect: Same as the Executive.</p>

Executive	As Passed by the House	As Passed by the Senate	As Reported by Conference Committee
JFSCD108 Presumptive Eligibility for Pregnant Women and Children			
	<p>R.C. 5111.0124, 5111.013, 5111.0125</p>	<p>R.C. 5111.0124, 5111.013, 5111.0125</p>	<p>R.C. 5111.0124, 5111.013, 5111.0125</p>
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.	Same as the House.	Same as the House.
No provision.	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.	Same as the House.	Same as the House.
No provision.	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.	Same as the House, but (1) requires the Director of ODJFS, not later than 90 days after the effective date of the provisions, to have in place all systems that are necessary to enable a children's hospital and federally-qualified health center to serve as a qualified provider or entity for purposes of the options if the hospital or center is eligible to be a qualified provider or entity under federal law and requests to serve as a qualified provider or entity and (2) requires the Director, after the Director determines that the systems are functioning properly, to permit any other provider or entity to serve as a qualified provider or entity for purposes of the options if the provider or entity is eligible to be a qualified provider or entity under federal law and requests to serve as a qualified provider	Same as the House, but (1) requires the ODJFS Director to seek federal approval to authorize children's hospitals, federally qualified health centers, and federally qualified health center look-alikes to make presumptive eligibility determinations, (2) permits the ODJFS Director to seek federal approval to permit other qualified providers and entities to make presumptive eligibility determinations, and (3) requires the ODJFS Director to begin implementing the presumptive eligibility for pregnant women option and the changes to the presumptive eligibility for children option on April 1, 2012, or a date that is not more than 90 days after the effective date of the federal approval regarding the options, whichever is later.

Executive	As Passed by the House	As Passed by the Senate	As Reported by Conference Committee
	<p>Fiscal effect: Potential increase in administrative costs. Potential increase in Medicaid costs and gain of federal Medicaid reimbursement if pregnant women become Medicaid eligible sooner.</p>	<p>or entity. Fiscal effect: Same as the House.</p>	<p>Fiscal effect: Same as the House.</p>

Executive	As Passed by the House	As Passed by the Senate	As Reported by Conference Committee
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JFSCD56 Maximum Medicaid Reimbursement Rate

R.C. 5111.021

Prohibits the Medicaid reimbursement rate to a hospital, NF, or ICF/MR from exceeding limits established in federal Medicaid regulations and eliminates authority for the Medicaid reimbursement rate to a provider not described above to exceed the authorized Medicare reimbursement limit for the same service.

R.C. 5111.021

Same as the Executive.

R.C. 5111.021, Sections 309.30.31, 309.30.32

Same as the Executive, but (1) requires, in FY 2012, the Medicaid Program to pay for dialysis services provided to a person eligible for both Medicaid and Medicare an amount equal to any Medicare copayment that applies to the service and (2) permits, in FY 2013, the Medicaid Program to adjust payment rates for dialysis services to achieve not more than \$9 million in state savings.

R.C. 5111.021, Sections 309.30.31, 309.30.32

Same as the Senate, but (1) provides that the prohibition against a Medicaid reimbursement rate for a service exceeding the authorized Medicare reimbursement limit for the same service does not apply when a federal statute or regulation requires otherwise, (2) regarding the bill's provision that requires ODJFS to continue to pay, for FY 2012, the Medicare copayment amount that applies to dialysis services, specifies that the requirement applies notwithstanding any existing state law or other provision of the bill, and (3) regarding the provision that permits ODJFS to adjust the Medicaid rates paid in FY 2013 for dialysis services by an amount sufficient to achieve aggregate savings of not more than \$9 million, provides that the aggregate savings are to include any savings that may be achieved through measures taken with regard to dialysis services under the provision that requires ODJFS to implement purchasing strategies and rate reductions for Medicaid-covered services in FY 2012 and FY 2013.

Executive	As Passed by the House	As Passed by the Senate	As Reported by Conference Committee
<p>Fiscal effect: Estimated savings of \$1 million (\$373,000 state share) in FY 2012 and \$2 million (\$743,000 state share) in FY 2013 related to physician payment codes. Potential savings related to other providers excluding hospitals, NF, and ICF/MR.</p>	<p>Fiscal effect: Same as the Executive.</p>	<p>Fiscal effect: Same as the Executive, but savings for FY 2012 would be less.</p>	<p>Fiscal effect: Same as the Senate.</p>

JFSCD55 Public Notice of Proposed Changes to Medicaid Rates

R.C. 5111.0212	R.C. 5111.0212	R.C. 5111.0212	R.C. 5111.0212
<p>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.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>
<p>Fiscal effect: None.</p>	<p>Fiscal effect: Same as the Executive.</p>	<p>Fiscal effect: Same as the Executive.</p>	<p>Fiscal effect: Same as the Executive.</p>

JFSCD57 Medicaid Rates for Aide and Nursing Services

R.C. 5111.0213	R.C. 5111.0213	R.C. 5111.0213	R.C. 5111.0213
<p>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.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive, but requires ODJFS, effective October 1, 2011, to (1) reduce the first-hour-unit price it pays for aide services to 97% of the June 30, 2011 price and for nursing services to 95% of the June 30, 2011 price and (2) pay independent providers of aide and nursing services 80% of the price paid providers that are not independent providers.</p>	<p>Same as the Senate.</p>

Executive	As Passed by the House	As Passed by the Senate	As Reported by Conference Committee
<p>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.</p> <p>Fiscal effect: Estimated savings of \$15 million (\$5.4 million state share) in FY 2012 and \$20 million (\$7.2 million) in FY 2013.</p>	<p>Same as the Executive.</p> <p>Fiscal effect: Same as the Executive.</p>	<p>No provision.</p> <p>Fiscal effect: Same as the Executive, but potential smaller savings.</p>	<p>Same as the Executive, but revises terminology to reflect the use of the term "independent provider."</p> <p>Fiscal effect: Same as the Senate.</p>
<p>JFSCD49 No Medicaid Payments for Provider-Preventable Conditions</p>			
<p>R.C. 5111.0214 Prohibits ODJFS from knowingly making a Medicaid payment for a provider-preventable condition for which federal financial participation is prohibited.</p> <p>Fiscal effect: None. (Change required under federal law.)</p>	<p>R.C. 5111.0214 Same as the Executive.</p> <p>Fiscal effect: Same as the Executive.</p>	<p>R.C. 5111.0214 Same as the Executive.</p> <p>Fiscal effect: Same as the Executive.</p>	<p>R.C. 5111.0214 Same as the Executive.</p> <p>Fiscal effect: Same as the Executive.</p>

Executive	As Passed by the House	As Passed by the Senate	As Reported by Conference Committee
JFSCD50 Medicaid Electronic Health Record Incentive Payment Program			
<p>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.</p>	<p>R.C. 5111.0215, 309.35.20 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.</p>	<p>R.C. 5111.0215, 309.35.20 Same as the House.</p>	<p>R.C. 5111.0215, 309.35.20 Same as the House.</p>
<p>Specifies procedures for appealing ODJFS's determination regarding the amount or denial of an incentive payment.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>
<p>Permits ODJFS to seek Controlling Board approval to make expenditures from the Balancing Incentive Payments Program Fund.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>
<p>Fiscal effect: \$411.7 million in FY 2012 and \$416.4 million (all federal funds).</p>	<p>Fiscal effect: Same as the Executive.</p>	<p>Fiscal effect: Same as the Executive.</p>	<p>Fiscal effect: Same as the Executive.</p>
JFSCD52 Medicaid Payments to Organization on Behalf of Providers			
<p>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.</p>	<p>R.C. 5111.051 Same as the Executive.</p>	<p>R.C. 5111.051 Same as the Executive.</p>	<p>R.C. 5111.051 Same as the Executive.</p>
<p>Fiscal effect: None.</p>	<p>Fiscal effect: Same as the Executive.</p>	<p>Fiscal effect: Same as the Executive.</p>	<p>Fiscal effect: Same as the Executive.</p>

Executive	As Passed by the House	As Passed by the Senate	As Reported by Conference Committee
JFSCD51 Electronic Claims Submission Process			
<p>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.</p> <p>Excludes the following from the electronic claims submission requirement: NFs, ICFs/MR, Medicaid MCOs, and any other providers designated by the ODJFS Director.</p> <p>Fiscal effect: May reduce administrative costs.</p>	<p>R.C. 5111.052 Same as the Executive.</p> <p>Same as the Executive.</p> <p>Fiscal effect: Same as the Executive.</p>	<p>R.C. 5111.052 Same as the Executive.</p> <p>Same as the Executive.</p> <p>Fiscal effect: Same as the Executive.</p>	<p>R.C. 5111.052 Same as the Executive.</p> <p>Same as the Executive.</p> <p>Fiscal effect: Same as the Executive.</p>

JFSCD121 Physician Assistants and Medicaid Claim Submissions			
<p>No provision.</p> <p>No provision.</p>	<p>No provision.</p> <p>No provision.</p>	<p>R.C. 5111.053 Requires ODJFS to establish a process by which a physician assistant may enter into a Medicaid provider agreement.</p> <p>Authorizes a Medicaid claim for a physician assistant's service to be submitted either by (1) the physician assistant or another person the physician assistant designates or (2) the physician, group practice, clinic, or other health care facility that employs or contracts with the physician assistant.</p>	<p>R.C. 5111.053, 309.37.53 Same as the Senate, but requires the process to be established as soon as possible, but not later than July 1, 2012.</p> <p>Same as the Senate, but does not authorize a physician assistant's designee to submit the claim.</p>

Executive	As Passed by the House	As Passed by the Senate	As Reported by Conference Committee
No provision.	No provision.	Specifies that a Medicaid claim may be submitted by a physician assistant or the physician assistant's designee only if the physician assistant has a valid Medicaid provider agreement and the provider number is included on the claim.	Same as the Senate, but does not authorize a physician assistant's designee to submit the claim.
No provision.	No provision.	No provision.	Expressly authorizes the ODJFS Director to adopt rules to implement this provision.
No provision.	No provision.	No provision.	Requires Medicaid reimbursement rates for physician assistant services provided during FY 2013 to be no greater than the rates for such services on June 30, 2012.
		Fiscal effect: Some additional administrative costs for ODJFS. Potential fiscal impact as a result of increase in access to care.	Fiscal effect: Same as the Senate.

Executive	As Passed by the House	As Passed by the Senate	As Reported by Conference Committee
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JFSCD137 Pediatric Claims Review and Quality Assurance Functions

No provision.

No provision.

R.C. 5111.054, 127.16

Permits ODJFS, if it chooses to outsource the performance of pediatric Medicaid claims review and analysis, quality assurance functions associated with pediatric Medicaid claims, or both, to enter into a contract with any qualified person, including the "Ohio Children's Hospital Solutions for Patient Safety" (OCHSPS) to perform the service or services. Defines "OCHSPS" as a private, not-for-profit corporation which (1) was formed for the purpose of improving pediatric patient care in Ohio, (2) performs the functions of a peer review committee, and (3) consists of specified children's hospitals in Ohio. If ODJFS enters into a contract with OCHSPS, specifies that OCHSPS is a "public entity" only for purposes of a provision of law that authorizes a public entity that performs a function on behalf of ODJFS to request the Department to seek federal financial participation for the costs incurred by the entity in performing the service or services covered by the contract. Requires ODJFS, if it enters into a contract with OCHSPS, to seek federal financial participation for the costs incurred by OCHSPS in performing the contracted services.

R.C. 5111.054, 127.16

Same as the Senate.

Executive	As Passed by the House	As Passed by the Senate	As Reported by Conference Committee
		Fiscal effect: None.	Fiscal effect: Same as the Senate.
JFSCD54 Automatic Suspension of Medicaid Provider Agreements			
<p>R.C. <i>5111.06, 5111.031, and 5111.035</i></p>	<p>R.C. <i>5111.06, 5111.031, and 5111.035</i></p>	<p>R.C. <i>5111.06, 5111.031, and 5111.035</i></p>	<p>R.C. <i>5111.06, 5111.031, and 5111.035</i></p>
<p>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.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>
<p>Authorizes a Medicaid provider affected by a suspension to request reconsideration of the suspension and associated termination of reimbursement.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>
<p>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.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>
<p>Fiscal effect: None. (Required by federal law.)</p>	<p>Fiscal effect: Same as the Executive.</p>	<p>Fiscal effect: Same as the Executive.</p>	<p>Fiscal effect: Same as the Executive.</p>

Executive	As Passed by the House	As Passed by the Senate	As Reported by Conference Committee
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JFSCD146 Medicaid Managed Care – Exemption from Administrative Hearings

No provision.

No provision.

No provision.

R.C. 5111.06

Exempts any action ODJFS takes for certain purposes regarding the Medicaid managed care program (including a decision to enter into or refuse to enter into a provider agreement, or suspend, terminate, renew, or refuse to renew an existing provider agreement) from a requirement that the action be taken pursuant to an administrative hearing.

Fiscal effect: Potential minimal savings.

JFSCD144 Recovery of Medicaid Overpayments to Hospitals

No provision.

No provision.

No provision.

R.C. 5111.061

Permits ODJFS to recover a Medicaid overpayment to a hospital if ODJFS notifies the hospital not only within five years of the year the overpayment was made as provided in current law, but also within one year after receiving from the U.S. Centers for Medicare and Medicaid Services a completed, audited, Medicare cost report. Specifies that ODJFS's determination of an overpayment is to be based on a Medicare or Medicaid cost report settlement.

Fiscal effect: Potential savings.

Executive	As Passed by the House	As Passed by the Senate	As Reported by Conference Committee
JFSCD53 Application Fees for Medicaid Provider Agreements			
<p>R.C. <i>5111.063, 5111.06, and 5111.94; Section 309.37.10</i></p>	<p>R.C. <i>5111.063, 5111.06, and 5111.94; Section 309.37.10</i></p>	<p>R.C. <i>5111.063, 5111.06, and 5111.94; Section 309.37.10</i></p>	<p>R.C. <i>5111.063, 5111.06, and 5111.94; Section 309.37.10</i></p>
<p>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.</p>	<p>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.</p>	<p>Same as the House.</p>	<p>Same as the House.</p>
<p>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.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>
<p>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.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>
<p>Fiscal effect: Offsetting revenue and expenditures.</p>	<p>Fiscal effect: Same as the Executive.</p>	<p>Fiscal effect: Same as the Executive.</p>	<p>Fiscal effect: Same as the Executive.</p>

Executive	As Passed by the House	As Passed by the Senate	As Reported by Conference Committee
JFSCD58 Federal Upper Limit for Drugs			
<p>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.</p> <p>Fiscal effect: None. (Complying with federal law.)</p>	<p>R.C. 5111.085 Same as the Executive.</p> <p>Fiscal effect: Same as the Executive.</p>	<p>R.C. 5111.085 Same as the Executive.</p> <p>Fiscal effect: Same as the Executive.</p>	<p>R.C. 5111.085 Same as the Executive.</p> <p>Fiscal effect: Same as the Executive.</p>
JFSCD40 Enrollment of Medicaid Recipients in Group Health Plans			
<p>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.</p> <p>Fiscal effect: None.</p>	<p>R.C. 5111.13 Same as the Executive.</p> <p>Fiscal effect: Same as the Executive.</p>	<p>R.C. 5111.13 Same as the Executive.</p> <p>Fiscal effect: Same as the Executive.</p>	<p>R.C. 5111.13 Same as the Executive.</p> <p>Fiscal effect: Same as the Executive.</p>
JFSCD39 Medicaid Health Homes			
<p>R.C. 5111.14 Authorizes implementation of the federal Medicaid option of providing coordinated care through "health homes" to Medicaid recipients with chronic conditions.</p>	<p>R.C. 5111.14 Same as the Executive.</p>	<p>R.C. 5111.14 Same as the Executive.</p>	<p>R.C. 5111.14 Same as the Executive.</p>

Executive	As Passed by the House	As Passed by the Senate	As Reported by Conference Committee
<p>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.</p>	<p>Fiscal effect: Same as the Executive.</p>	<p>Fiscal effect: Same as the Executive.</p>	<p>Fiscal effect: Same as the Executive.</p>

JFSCD32 Treatment of Trusts for Medicaid Eligibility Determinations

R.C. 5111.151	R.C. 5111.151	R.C. 5111.151	R.C. 5111.151
<p>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.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>
<p>Prohibits a court from using the provision described above to determine a trust's effect on an individual's initial Medicaid eligibility determination.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>
<p>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.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>
<p>With respect to a pooled trust, specifies that principal and income in sub-accounts of the trust established to benefit disabled persons are exempt from being counted as resources for purposes of determining a person's Medicaid eligibility only if the</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>	<p>No provision.</p>

Executive	As Passed by the House	As Passed by the Senate	As Reported by Conference Committee
<p>Medicaid applicant or recipient is under age 65 (as opposed to being exempt at any age).</p> <p>Fiscal effect: Minimal savings in administrative costs. Potential savings associated with the pooled trust provision.</p>	<p>Fiscal effect: Same as the Executive.</p>	<p>Fiscal effect: Same as the Executive.</p>	<p>Fiscal effect: Minimal savings in administrative costs.</p>
<p>JFSCD41 Medicaid Managed Care for the Aged, Blind, or Disabled</p>			
<p>R.C. 5111.16</p> <p>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.</p> <p>Fiscal effect: None.</p>	<p>R.C. 5111.16</p> <p>Same as the Executive.</p> <p>Fiscal effect: Same as the Executive.</p>	<p>R.C. 5111.16, Section 309.30.53</p> <p>Same as the Executive, but in FY 2012 and FY 2013 prohibits ODJFS from including in the Medicaid managed care system individuals eligible for services under the program for medically handicapped children who have cystic fibrosis, hemophilia, cancer, diabetes, cranio-facial anomalies, or other life-threatening condition.</p> <p>Fiscal effect: Same as the Executive.</p>	<p>R.C. 5111.16, Section 309.30.53</p> <p>Same as the Senate, but applies the prohibition only to individuals receiving services under the program for medically handicapped children who also have cystic fibrosis, hemophilia, or cancer, and only if the individual was not receiving Medicaid care management services immediately before the bill's effective date.</p> <p>Fiscal effect: Same as the Executive.</p>

Executive	As Passed by the House	As Passed by the Senate	As Reported by Conference Committee
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JFSCD42 Pediatric Accountable Care Organizations

R.C. 5111.161

Permits ODJFS to provide for care management services to be available to aged, blind, or disabled children included in the Medicaid managed care system 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.

R.C. 5111.161, 309.30.33

Same as the Executive.

R.C. 5111.161, 309.30.33

Same as the Executive, but requires ODJFS to provide for care management services to be available to aged, blind, or disabled children included in the Medicaid managed care system by doing both of the following: (1) entering into a contract with a children's care network to serve as a pediatric accountable care organization and (2) requiring that a Medicaid MCO subcontract with a children's care network to provide care coordination services and care management services if the network notifies ODJFS of its intention to provide the services.

R.C. 5111.161, 309.30.33

No provision.

Permits ODJFS to contract with a pediatric accountable care organization that is qualified to enter into the contract.

No provision.

Same as the Executive, but requires ODJFS to directly contract with a children's care network that is qualified to contract with ODJFS as a pediatric accountable care organization.

No provision.

No provision.

No provision.

Requires a children's care network that notifies ODJFS of its intention to provide care coordination services or care management services under a subcontract with an MCO to include in the notification an identification of the counties in which the network seeks to provide the services and provides that a network may provide services only in counties in which the network is located.

No provision.

Executive	As Passed by the House	As Passed by the Senate	As Reported by Conference Committee
Requires ODJFS to adopt rules as necessary to implement this provision, including rules regarding the qualifications of pediatric accountable care organizations.	No provision.	Same as the Executive, but does not require that the rules establish qualifications that a pediatric accountable care organization must meet to subcontract with a Medicaid MCO to provide care management services.	No provision.
Provides that if ODJFS does not adopt the rules to implement this provision on or before July 1, 2012, all of the following apply until the rules are adopted: (1) each Medicaid MCO must subcontract with a pediatric accountable care organization the MCO selects to provide care management services, (2) the pediatric accountable care organization must accept from the Medicaid MCO, as payment in full for providing the care management services, the same amount that ODJFS would reimburse a provider for care management services provided to a Medicaid recipient under the fee-for-service system, and (3) ODJFS must reduce by 1% the rate it pays the Medicaid MCO as payment for administrative expenses.	Same as the Executive, but does not require ODJFS to reduce Medicaid MCO's payments for administrative expenses.	Same as the House, but requires ODJFS to specify that one of the following applies until ODJFS adopts the rules: (1) each Medicaid MCO must subcontract with a children's care network to provide care coordination services if the network notifies ODJFS and to pay the network an amount equal to the average cost to the Medicaid MCO for providing case management services, plus an amount equal to the statewide average administrative percentage paid to Medicaid MCOs as a component of their capitation payment associated with that service or (2) each Medicaid MCO must subcontract with a children's care network to provide care management services if the network notifies ODJFS.	No provision.
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.	No provision.
No provision.	Prohibits a Medicaid MCO 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.	No provision.	No provision.

Executive	As Passed by the House	As Passed by the Senate	As Reported by Conference Committee
No provision.	No provision.	No provision.	Requires ODJFS, not later than July 1, 2012, to implement a system for recognition of pediatric accountable care organizations, and permits ODJFS to recognize an entity as a pediatric accountable care organizations, if the standards for recognition have been met.
No provision.	No provision.	No provision.	Specifies that an entity recognized as a pediatric accountable care organization may provide services to individuals under 21 years of age who are participating in the Medicaid managed care system as part of the Medicaid eligibility category known as the aged, blind, and disabled.
No provision.	No provision.	No provision.	Requires ODJFS to adopt rules establishing standards necessary for an entity to be recognized by ODJFS as a pediatric accountable care organization and requires the standards to be the same as and not in conflict with those established pursuant to the "Patient Protection and Affordable Care Act."
No provision.	No provision.	No provision.	Requires ODJFS to consult with the Superintendent of Insurance, children's hospitals, Medicaid managed care organizations, and other interest groups in adopting the rules regarding recognition of pediatric accountable care organizations.
No provision.	No provision.	No provision.	Prohibits ODJFS, unless otherwise required by law, from requiring that an entity be a health insuring corporation to be recognized as a pediatric accountable care organization.

Executive	As Passed by the House	As Passed by the Senate	As Reported by Conference Committee
No provision.	No provision.	No provision.	Requires ODJFS to adopt rules as necessary to implement the pediatric accountable care organization provisions, including (1) application procedures, (2) specialty care requirements, (3) accountability and financial requirements, (4) quality improvement initiatives, (5) transparency and consumer protection provisions, and (6) a process for sharing data.
No provision.	No provision.	No provision.	Declares that the recognition process does not limit the authority of the Department of Insurance to regulate the business of insurance.
<p>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.</p>	<p>Fiscal effect: Same as the Executive.</p>	<p>Fiscal effect: Same as the Executive.</p>	<p>Fiscal effect: Same as the Executive.</p>

JFSCD43 Medicaid Managed Care Reimbursement Rate for Non-Contracting Hospitals

<p>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.</p>	<p>R.C. 5111.162 Same as the Executive.</p>	<p>No provision.</p>	<p>No provision.</p>
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Executive	As Passed by the House	As Passed by the Senate	As Reported by Conference Committee
<p>Extends the modified provision to any health care provider, including physicians, that is employed, owned, leased, managed, or otherwise controlled by a hospital system.</p> <p>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.</p>	<p>Same as the Executive.</p> <p>Fiscal effect: Same as the Executive.</p>	<p>No provision.</p>	<p>No provision.</p>
JFSCD45 Medicaid Managed Care Capital Payments			
<p>R.C. 5111.17</p> <p>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.</p> <p>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.</p>	<p>R.C. 5111.17</p> <p>Same as the Executive.</p> <p>Fiscal effect: Same as the Executive.</p>	<p>R.C. 5111.17</p> <p>Same as the Executive.</p> <p>Fiscal effect: Same as the Executive.</p>	<p>R.C. 5111.17</p> <p>Same as the Executive.</p> <p>Fiscal effect: Same as the Executive.</p>

Executive	As Passed by the House	As Passed by the Senate	As Reported by Conference Committee
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JFSCD46 Medicaid Managed Care Performance Payment Program

R.C. 5111.179, Section 309.30.40
 Requires ODJFS to establish a Medicaid Managed Care Performance Payment Program to make payments to MCOs that meet performance standards established by ODJFS.

R.C. 5111.179, Section 309.30.40
 Same as the Executive, but requires ODJFS to use the Healthcare Effectiveness Data and Information Set and Quality Measurement Tool in establishing performance standards.

R.C. 5111.179, Section 309.30.40
 Same as the House.

R.C. 5111.179, Section 309.30.40
 Same as the House, but adds quality measures developed under (1) the federal Children's Health Insurance Program Pediatric Quality Measures Program and (2) the federal Medicaid Quality Measurement Program as standards that ODJFS is permitted, rather than required, to consult in the development of the Medicaid Managed Care Performance Payment Program.

No provision.

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.

No provision.

Same as the House, but clarifies that ODJFS has the authority to establish the amount of the performance payments.

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.

Same as the House.

Same as the House.

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

Same as the Executive.

Same as the Executive.

Same as the Executive.

Executive	As Passed by the House	As Passed by the Senate	As Reported by Conference Committee
Care/Medicaid, by the amount of the transfer.			
Fiscal effect: None.	Fiscal effect: Same as the Executive.	Fiscal effect: Same as the Executive.	Fiscal effect: Same as the Executive.

JFSCD67 Report on NF Medicaid-Rate Methodology

R.C. 5111.20, 5111.34 (Repealed) Repeals a provision that requires ODJFS to prepare an annual report containing recommendations on the methodology that should be used to transition paying NFs the Medicaid reimbursement rate for one fiscal year to the next fiscal year.	R.C. 5111.20, 5111.34 (Repealed) Same as the Executive.	R.C. 5111.20, 5111.34 (Repealed) Same as the Executive.	R.C. 5111.20, 5111.34 (Repealed) Same as the Executive.
Fiscal effect: Minimal administrative savings.	Fiscal effect: Same as the Executive.	Fiscal effect: Same as the Executive.	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 No provision.	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 No provision.	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 No provision.	R.C. 5111.222, 5111.20, 5111.231, 5111.24, 5111.243 (Repealed), 5111.244, 5111.25, and 5111.254; Sections 309.30.60 and 309.30.70 Adds behavioral and mental health services to NFs' direct care costs.
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	Same as the Executive.	Same as the Executive.	Same as the Executive, but (1) restores the percentage increase applied in determining the cost per case-mix unit for a NF's peer group but sets the percentage increase at 2%, rather than 7% and (2) requires ODJFS, when determining semi-annual case-mix

Executive	As Passed by the House	As Passed by the Senate	As Reported by Conference Committee
<p>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.</p>			<p>scores for a NF for FY 2013 and thereafter, to use data from a resident assessment instrument for each resident who is a Medicaid recipient and not placed in either of the two lowest resource utilization groups, other than a resource utilization group that is a default group used for residents with incomplete assessment data.</p>
<p>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.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>
<p>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.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>

Executive	As Passed by the House	As Passed by the Senate	As Reported by Conference Committee
<p>Eliminates the franchise permit fee price center effective July 1, 2011.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive, but delays the elimination of the franchise permit fee price center until July 1, 2012.</p>
<p>For purposes of calculating NFs' quality incentive payments under the Medicaid program, (1) provides that, while the current accountability measures are used, a NF is to be awarded quality incentive points for resident and family satisfaction only if a satisfaction survey was conducted for the NF in CY 2010, (2) 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, (3) requires ODJFS to strive to have rules in effect not later than July 1, 2012, establishing the new accountability measures, and (4) provides that, if the rules establishing the new accountability measures are not in effect by July 1, 2012, no quality incentive payments are to be made beginning on that date and ending on the date the rules go into effect.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive, but (1) provides that, in FY 2012, NFs are to be awarded three points for meeting the current accountability measure regarding Medicaid utilization rates and one point for meeting the remaining, current accountability measures, (2) instead of terminating the current accountability measures on the earlier of the effective date of rules establishing new accountability measures and July 1, 2012, terminates the existing accountability measures on July 1, 2012, (3) instead of having the ODJFS Director establish the new accountability measures in rules, relies on the General Assembly to enact legislation not later than December 31, 2011, that establishes the new accountability measures, and (4) instead of specifying that no quality incentive payments are to be made for the period beginning July 1, 2012, and ending on the effective date of the rules establishing the new accountability measures if the rules are not in effect by July 1, 2012, does not address what happens if the General Assembly does not enact legislation by July 1, 2012, to establish the new accountability measures.</p>
<p>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</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>

Executive	As Passed by the House	As Passed by the Senate	As Reported by Conference Committee
<p>support costs, rate for tax costs, and rate for capital costs by 5.08%.</p> <p>In determining NFs' Medicaid reimbursement rates for FY 2012, requires ODJFS to provide for the mean quality incentive payments to be \$14.41 per Medicaid day.</p> <p>In determining NFs' Medicaid reimbursement rates 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.</p> <p>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.</p>	<p>Same as the Executive.</p> <p>Same as the Executive.</p> <p>Fiscal effect: Same as the Executive.</p>	<p>Same as the Executive.</p> <p>Same as the Executive.</p> <p>Fiscal effect: Same as the Executive.</p>	<p>Same as the Executive, but (1) provides for the mean per diem payment to be \$3.03 per Medicaid day, (2) provides for the per resident per day rate paid for the franchise permit fee to be \$11.47, (3) provides that, for the purpose of determining NFs' rates for direct care costs, the NFs' semi-annual case mix scores for the period beginning July 1, 2011, and ending January 1, 2012, are to be the same as their semi-annual case mix scores used in calculating their June 30, 2011, rates for direct care costs, and (4) if a NF's rate is less than 90% of its FY 2011 rate, implements a stop loss mechanism that provides for the amount of the reduction to be less than what it otherwise would be.</p> <p>Same as the Executive, but (1) provides for the maximum quality incentive payment, instead of the mean per diem payment, to be \$16.44 per Medicaid day and (2) sets the rate for NF services provided to low resource utilization residents at \$130 per Medicaid day.</p>

Executive	As Passed by the House	As Passed by the Senate	As Reported by Conference Committee
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JFSCD65 Maximum Payment for NF Services to Dual Eligible Individuals

R.C. 5111.227

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

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

R.C. 5111.225

Same as the Executive.

Fiscal effect: Same as the Executive.

R.C. 5111.225

Same as the Executive.

Fiscal effect: Same as the Executive.

R.C. 5111.225

Same as the Executive.

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

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

No provision.

R.C. Section 309.30.80

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 and sets an October 1, 2011 deadline for preparing a report regarding the study.

Requires ODJFS and ODODD, at the same time they conduct the study to work with the Governor's Office of Health Transformation

R.C. Section 309.30.80

Same as the House, but limits the study to the issue of Medicaid reimbursement rates for ICF/MR services.

Same as the House.

R.C. Section 309.30.80

Same as the Senate, but removes the October 1, 2011, deadline for the report.

Same as the House.

Executive	As Passed by the House	As Passed by the Senate	As Reported by Conference Committee
<p>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.</p>	<p>and persons interested in the issue of ICF/MR services to develop recommendations regarding various ICF/MR issues. No provision.</p>	<p>No provision.</p>	<p>No provision.</p>
<p>Prohibits the new reimbursement formula for ICFs/MR from being implemented before July 1, 2012.</p>	<p>No provision.</p>	<p>No provision.</p>	<p>No provision.</p>
<p>Fiscal effect: Potential minimal costs associated with the advisory group.</p>	<p>Fiscal effect: Minimal costs associated with the study.</p>	<p>Fiscal effect: Same as the House.</p>	<p>Fiscal effect: Same as the House.</p>

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

<p>R.C. 5111.226, 5111.211, 5111.871-5111.873, 5123.01, 5126.01; Section 309.33.20</p>	<p>R.C. 5111.871, 5111.872, 5111.873, 5123.01, 5126.01; Sections 309.30.80, 309.33.20</p>	<p>R.C. 5111.226, 5111.211, 5111.871-5111.873, 5123.01, 5126.01; Section 309.33.20</p>	<p>R.C. 5111.226, 5111.211, 5111.871-5111.873, 5123.01, 5126.01; Section 309.33.20</p>
<p>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.</p>	<p>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.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>
<p>Requires ODJFS to contract with ODODD for ODODD to administer the Transitions Developmental Disabilities Medicaid Waiver.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>

Executive	As Passed by the House	As Passed by the Senate	As Reported by Conference Committee
<p>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.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive, but does not require that ODJFS certify to OBM that there is a reduction in ODJFS' administration and services that is equal to the amount of ODODD's certification.</p>
<p>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, 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.</p>	<p>Same as the Executive, but applies only to the Transitions Developmental Disabilities Waiver.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive, but does not require that ODJFS certify to OBM that there is a reduction in ODJFS's administration and services that is equal to the amount ODODD is to certify it needs to fulfill its obligations regarding the transfers.</p>
<p>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</p>	<p>Same as the Executive, but applies only to expenditures for services provided under the Transitions Developmental Disabilities Waiver and related administrative expenses.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive, but (1) provides for ODODD's certification also to be approved by ODJFS, (2) does not prohibit OBM from approving appropriations to ODODD for FY 2012 and FY 2013 that 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, (3) does not reduce appropriation item 600525,</p>

Executive	As Passed by the House	As Passed by the Senate	As Reported by Conference Committee
<p>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.</p> <p>Fiscal effect: None.</p>	<p>Fiscal effect: Minimal costs associated with the study.</p>	<p>Fiscal effect: Same as the Executive.</p>	<p>Health Care/Medicaid, by the corresponding amount appropriated to ODODD for the transfers, and (4) permits OBM to reduce one or more of ODJFS's appropriation items if OBM determines that the reduction is necessary and appropriate because of the appropriations established for ODODD for the transfers.</p> <p>Fiscal effect: Same as the Executive.</p>

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

R.C. <i>5111.23, 5111.235, and 5111.241</i>	R.C. <i>5111.23, 5111.235, and 5111.241</i>	R.C. <i>5111.23, 5111.235, and 5111.241</i>	R.C. <i>5111.23, 5111.235, and 5111.241</i>
<p>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.</p> <p>Fiscal effect: None.</p>	<p>Same as the Executive.</p> <p>Fiscal effect: Same as the Executive.</p>	<p>Same as the Executive.</p> <p>Fiscal effect: Same as the Executive.</p>	<p>Same as the Executive.</p> <p>Fiscal effect: Same as the Executive.</p>

JFSCD71 ICF/MR Refund of Excess Depreciation

R.C. <i>5111.251</i>	R.C. <i>5111.251</i>	R.C. <i>5111.251</i>	R.C. <i>5111.251</i>
<p>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.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>

Executive	As Passed by the House	As Passed by the Senate	As Reported by Conference Committee
Fiscal effect: None.	Fiscal effect: Same as the Executive.	Fiscal effect: Same as the Executive.	Fiscal effect: Same as the Executive.
JFSCD66 Centers of Excellence			
<p>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.</p> <p>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.</p>	<p>R.C. 5111.259, 5111.258 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.</p> <p>Same as the Executive.</p>	<p>R.C. 5111.259, 5111.258 Same as the House.</p> <p>Same as the Executive.</p>	<p>R.C. 5111.259, 5111.258 Same as the House.</p> <p>Same as the Executive.</p>
Fiscal effect: None.	Fiscal effect: Same as the Executive.	Fiscal effect: Same as the Executive.	Fiscal effect: Same as the Executive.
JFSCD76 NF and ICF/MR Audits and Fines			
<p>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.</p>	<p>R.C. 5111.261, 5111.263, 5111.27, and 5111.28 Same as the Executive.</p>	<p>R.C. 5111.261, 5111.263, 5111.27, and 5111.28 Same as the Executive.</p>	<p>R.C. 5111.261, 5111.263, 5111.27, 5111.28, and 5111.94 Same as the Executive.</p>

Executive	As Passed by the House	As Passed by the Senate	As Reported by Conference Committee
<p>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.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>
<p>Requires ODJFS to revise certain requirements included in its manual for field audits.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>
<p>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.</p>	<p>No provision.</p>	<p>No provision.</p>	<p>Same as the Executive, but (1) in the case of fine that is imposed because of adverse findings that exceed 20% of Medicaid-reimbursable costs for a particular cost center reported in a cost report, provides for the amount of the fine to be based on the total amount of Medicaid-reimbursable costs reported in the cost report rather than the Medicaid-reimbursable costs for the particular cost center, (2) provides for the fines to be deposited into the Health Care Services Administration Fund rather than the GRF, and (3) prohibits ODJFS from collecting, rather than issuing, a fine until all appeal rights are exhausted.</p>

Executive	As Passed by the House	As Passed by the Senate	As Reported by Conference Committee
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JFSCD75 Medicaid Payments to Reserve Beds in Long-Term Care Facilities

R.C. 5111.33

R.C. 5111.33

R.C. 5111.331, 5111.20, 5111.22, 5111.221, 5111.222, 5111.224, 5111.232, 5111.25, 5111.251, 5111.254, 5111.255, 5111.258, 5111.259, 5111.262, 5111.27, 5111.29, 5111.291, 5111.33

R.C. 5111.331, 5111.20, 5111.22, 5111.221, 5111.222, 5111.224, 5111.232, 5111.25, 5111.251, 5111.254, 5111.255, 5111.258, 5111.259, 5111.262, 5111.27, 5111.29, 5111.291, 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.

Same as the Executive.

Same as the Executive, but provides that the maximum period for which the payments may be made is 30 days in any calendar year rather than, for calendar year 2012 and thereafter, 15 days.

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.

No provision.

No provision.

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.

Same as the Executive.

Same as the Executive, but provides that the Medicaid reimbursement rate to reserve a bed in a NF for a day in calendar year 2012 and thereafter is not to exceed: (1) in the case of a NF that had an occupancy rate in the preceding calendar year exceeding 95%, 50% of the NF's regular per diem rate for that day and (2) in the case of a NF that had an occupancy rate in the preceding calendar year not exceeding 95%, 18% of the NF's regular per diem rate for that day.

Provides that the Medicaid reimbursement rate to reserve a bed in an ICF/MR, for a day in any calendar year, is to be a percentage

Same as the Executive.

No provision.

No provision.

Executive	As Passed by the House	As Passed by the Senate	As Reported by Conference Committee
<p>specified in ODJFS rules of the ICF/MR's regular per diem rate for that day.</p> <p>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.</p>	<p>Fiscal effect: Same as the Executive.</p>	<p>Fiscal effect: Same as the Executive.</p>	<p>Fiscal effect: Same as the Executive.</p>
<p>JFSCD68 NF Fiscal Emergency</p>			
<p>R.C. 5111.511, 5111.35, 5111.52, 5111.54, and 5111.62</p> <p>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.</p> <p>Fiscal effect: None.</p>	<p>No provision.</p>	<p>No provision.</p>	<p>R.C. 5111.511, 5111.35, 5111.52, 5111.54, and 5111.62</p> <p>Same as the Executive, but (1) provides for the appointment of a temporary resident safety assurance manager rather than a temporary fiscal emergency manager and (2) provides for such an appointment to occur only directly by ODJFS rather than directly by ODJFS or through a court order.</p> <p>Fiscal effect: Same as the Executive.</p>

Executive	As Passed by the House	As Passed by the Senate	As Reported by Conference Committee
JFSCD77 Collection of Long-Term Care Facilities' Medicaid Debts			
<p>R.C. <i>5111.65, 5111.66, 5111.67, 5111.671, 5111.672, 5111.68, 5111.681, 5111.687, and 5111.689</i></p>	<p>R.C. <i>5111.65, 5111.66, 5111.67, 5111.671, 5111.672, 5111.68, 5111.681, 5111.687, and 5111.689</i></p>	<p>R.C. <i>5111.65, 5111.66, 5111.67, 5111.671, 5111.672, 5111.68, 5111.681, 5111.687, and 5111.689</i></p>	<p>R.C. <i>5111.65, 5111.212, 5111.66, 5111.67, 5111.671, 5111.672, 5111.68, 5111.681, 5111.687, and 5111.689</i></p>
<p>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.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>	<p>Replaces the Executive provision with a provision that provides that a facility closure occurs when the building, or part of the building, that houses a nursing facility or ICF/MR converts to a different use, any necessary license or other approval needed for that use is obtained, and one or more of the residents remain in the facility to receive services under the new use.</p>
<p>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.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>
<p>Revises the list of information that a written notice of a change of operator must include.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>
<p>Revises the criteria used to determine when a Medicaid provider agreement with an entering operator following a change of operator goes into effect.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive, but specifies that law governing the effective date of a provider agreement when deadlines are not met applies if one or more of the deadlines, rather than all of the deadlines, are not met.</p>
<p>Applies the Medicaid debt-collection process to NFs and ICFs/MR that undergo an involuntary termination from Medicaid.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive, but revises the definitions of "involuntary termination" and "effective date of an involuntary termination"</p>

Executive	As Passed by the House	As Passed by the Senate	As Reported by Conference Committee
No provision.	No provision.	No provision.	<p>to reflect that nursing facilities do not undergo provider agreement renewals and ICFs/MR may have their provider agreements cancelled.</p> <p>Permits Medicaid payments to be made for nursing facility services and ICF/MR services provided not later than 30 days after the effective date of an involuntary termination of the facility if the services are provided to a Medicaid recipient who is eligible for the services and resided in the facility before the effective date of the involuntary termination.</p>
Fiscal effect: None.	Fiscal effect: Same as the Executive.	Fiscal effect: Same as the Executive.	
JFSCD107 Ohio Cancer Incidence Surveillance System			
No provision.	<p>R.C. 5111.83</p> <p>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.</p> <p>Fiscal effect: Potential gain of federal Medicaid reimbursement if approved by the federal government.</p>	No provision.	<p>R.C. 5111.83</p> <p>Same as the House, but makes technical corrections.</p> <p>Fiscal effect: Same as the House.</p>

Executive	As Passed by the House	As Passed by the Senate	As Reported by Conference Committee
JFSCD85 Rules for Enrollment in Medicaid Home and Community-Based Waivers			
<p>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.</p>	<p>R.C. 5111.85 Same as the Executive.</p>	<p>R.C. 5111.85 Same as the Executive.</p>	<p>R.C. 5111.85 Same as the Executive.</p>
Fiscal effect: None.	Fiscal effect: Same as the Executive.	Fiscal effect: Same as the Executive.	Fiscal effect: Same as the Executive.
JFSCD84 Ohio Home Care and Ohio Transitions II Aging Carve-Out Programs Codified			
<p>R.C. 5111.861, 5111.862, and 5111.88 Codifies the Ohio Home Care and Ohio Transitions II Aging Carve-Out programs.</p>	<p>R.C. 5111.861, 5111.862, and 5111.88 Same as the Executive.</p>	<p>R.C. 5111.861, 5111.862, and 5111.88 Same as the Executive, but establishes a Home First component for the Ohio Home Care Program.</p>	<p>R.C. 5111.861, 5111.862, and 5111.88 Same as the Senate, but establishes new eligibility criteria for the Home First component and replaces the process by which an individual who is eligible for the component is enrolled in the Ohio Home Care Program with a provision under which an individual eligible for the component is enrolled in the Ohio Home Care Program in accordance with ODJFS rules.</p>
Fiscal effect: None.	Fiscal effect: Same as the Executive.	Fiscal effect: Potential savings if individuals are diverted from a nursing facility placement to the Ohio Home Care Program.	Fiscal effect: Same as the Senate.

Executive	As Passed by the House	As Passed by the Senate	As Reported by Conference Committee
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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

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.

Same as the Executive.

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.

Same as the Executive, but establishes a Home First component for the unified long-term services and support program.

Same as the Senate, but replaces the provisions that establish eligibility criteria for the Home First component and the process by which an individual eligible for the component is enrolled in the program with a provision the requires the Home First component to be similar to the Home First components of the Medicaid-funded component of the PASSPORT Program, the Ohio Home Care Program, and the Medicaid-funded component of the Assisted Living Program.

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

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

Same as the House.

Same as the House.

Executive	As Passed by the House	As Passed by the Senate	As Reported by Conference Committee
<p>unified long-term services and support Medicaid waiver program is created and it covers all individuals who qualify for the programs to be terminated.</p>	<p>for the program to be terminated.</p>		
<p>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.</p>	<p>Same as the Executive, but provides that all applicable statutes also remain in full force and effect.</p>	<p>Same as the House.</p>	<p>Same as the House.</p>
<p>Permits ODJFS and ODA to adopt rules to implement administrative issues related to the termination of ODJFS and ODA Medicaid waiver programs.</p>	<p>Same as the Executive, but provides for the rules to be adopted in accordance with the Administrative Procedure Act (R.C. Chapter 119.).</p>	<p>Same as the House.</p>	<p>Same as the House.</p>
<p>Fiscal effect: None.</p>	<p>Fiscal effect: Same as the Executive.</p>	<p>Fiscal effect: Potential savings if individuals are diverted from a nursing facility placement.</p>	<p>Fiscal effect: Same as the Senate.</p>
<p>JFSCD88 Reimbursement for Services Under ODODD Medicaid Waiver Programs</p>			
<p>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.</p>	<p>R.C. 5111.873 Same as the Executive.</p>	<p>R.C. 5111.873 Same as the Executive.</p>	<p>R.C. 5111.873 Same as the Executive.</p>
<p>Fiscal effect: None.</p>	<p>Fiscal effect: Same as the Executive.</p>	<p>Fiscal effect: Same as the Executive.</p>	<p>Fiscal effect: Same as the Executive.</p>

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

Executive	As Passed by the House	As Passed by the Senate	As Reported by Conference Committee
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JFSCD81 Eligibility Requirements for the Assisted Living Program

R.C. 5111.891
Eliminates the eligibility requirement for the Medicaid-funded component of the Assisted Living Program under which an applicant must first be a nursing home resident, residential care facility resident, or participant of the PASSPORT Program, Choices Program, or an ODJFS-administered Medicaid waiver program.

R.C. 5111.891
Same as the Executive.

R.C. 5111.891
Same as the Executive.

R.C. 5111.891
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.

Fiscal effect: Same as the Executive.

Fiscal effect: Same as the Executive.

JFSCD83 Obsolete Evaluation Requirement Repealed

R.C. 5111.893, (Repealed)
Repeals an obsolete law that required the ODA Director to contract with a person or government entity to evaluate the cost effectiveness of the Assisted Living Program and provide the results of the evaluation to the Governor and General Assembly not later than June 30, 2007.

R.C. 5111.893, (Repealed)
Same as the Executive.

R.C. 5111.893, (Repealed)
Same as the Executive.

R.C. 5111.893, (Repealed)
Same as the Executive.

Fiscal effect: None.

Fiscal effect: Same as the Executive.

Fiscal effect: Same as the Executive.

Fiscal effect: Same as the Executive.

Executive	As Passed by the House	As Passed by the Senate	As Reported by Conference Committee
JFSCD29 ODJFS to Pay Medicaid Claims for Community Behavioral Health Services			
<p>R.C. 5111.912, 5111.023, 5111.913, Sections 120.10 to 120.12</p> <p>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.</p> <p>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.</p>	<p>R.C. 5111.912, 5111.023, 5111.913, Section 337.30.30</p> <p>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.</p> <p>Fiscal effect: Same as the Executive.</p>	<p>R.C. 5111.912, 5111.023, 5111.913, Section 337.30.30</p> <p>Same as the House.</p> <p>Fiscal effect: Same as the Executive.</p>	<p>R.C. 5111.912, 5111.023, 5111.913, Section 337.30.30</p> <p>Same as the House.</p> <p>Fiscal effect: Same as the Executive.</p>

Executive	As Passed by the House	As Passed by the Senate	As Reported by Conference Committee
JFSCD30 Health Care Special Activities Fund			
<p>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.</p>	<p>R.C. 5111.945 Same as the Executive.</p>	<p>R.C. 5111.945 Same as the Executive.</p>	<p>R.C. 5111.945 Same as the Executive.</p>
<p>Requires ODJFS to use the money in the Health Care Special Activities Fund to pay for Medicaid-related expenses.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>
<p>Fiscal effect: None.</p>	<p>Fiscal effect: Same as the Executive.</p>	<p>Fiscal effect: Same as the Executive.</p>	<p>Fiscal effect: Same as the Executive.</p>
JFSCD79 Ohio Access Success Project			
<p>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.</p>	<p>R.C. 5111.97 Same as the Executive.</p>	<p>R.C. 5111.97 Same as the Executive.</p>	<p>R.C. 5111.97 Same as the Executive.</p>
<p>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.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>
<p>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.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>

Executive	As Passed by the House	As Passed by the Senate	As Reported by Conference Committee
Fiscal effect: None.	Fiscal effect: Same as the Executive.	Fiscal effect: Same as the Executive.	Fiscal effect: Same as the Executive.
JFSCD87 Pilot Program for Self-Directed Home and Community-Based Care			
<p>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.</p> <p>Fiscal effect: None.</p>	<p>R.C. 5111.97, 5111.971 (Repealed) Same as the Executive.</p> <p>Fiscal effect: Same as the Executive.</p>	<p>R.C. 5111.97, 5111.971 (Repealed) Same as the Executive.</p> <p>Fiscal effect: Same as the Executive.</p>	<p>R.C. 5111.97, 5111.971 (Repealed) Same as the Executive.</p> <p>Fiscal effect: Same as the Executive.</p>
JFSCD92 Dual Eligible Integrated Care Demonstration Project			
<p>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.</p> <p>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.</p> <p>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</p>	<p>R.C. 5111.981, 5111.944; Section 309.35.30 Same as the Executive.</p> <p>Same as the Executive.</p> <p>Same as the Executive.</p>	<p>R.C. 5111.981, 5111.944; Section 309.35.30 Same as the Executive.</p> <p>Same as the Executive.</p> <p>Same as the Executive.</p>	<p>R.C. 5111.981, 5111.944; Section 309.35.30 Same as the Executive.</p> <p>Same as the Executive.</p> <p>Same as the Executive.</p>

Executive	As Passed by the House	As Passed by the Senate	As Reported by Conference Committee
eligible individuals.			
Permits the ODJFS Director to seek Controlling Board approval to make expenditures from the Integrated Care Delivery Systems Fund.	Same as the Executive.	Same as the Executive.	Same as the Executive.
Fiscal effect: Potential gain in federal dollars.	Fiscal effect: Same as the Executive.	Fiscal effect: Same as the Executive.	Fiscal effect: Same as the Executive.
JFSCD69 ICF/MR Franchise Permit Fee			
<p>R.C. <i>5112.30, 5112.31, 5112.37, 5112.371, and 5112.39</i></p>	<p>R.C. <i>5112.30, 5112.31, 5112.37, 5112.371, and 5112.39</i></p>	<p>R.C. <i>5112.30, 5112.31, 5112.37, 5112.371, and 5112.39</i></p>	<p>R.C. <i>5112.30, 5112.31, 5112.37, 5112.371, and 5112.39</i></p>
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.	Same as the Executive.	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 restrictions) by providing that the percentage applies to a "class of providers" rather than a "taxpayer."	Same as the House.	Same as the House.
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.	Same as the Executive.	Same as the Executive.

Executive	As Passed by the House	As Passed by the Senate	As Reported by Conference Committee
<p>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).</p> <p>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.)</p>	<p>Same as the Executive.</p> <p>Fiscal effect: Same as the Executive.</p>	<p>Same as the Executive.</p> <p>Fiscal effect: Same as the Executive.</p>	<p>Same as the Executive.</p> <p>Fiscal effect: Same as the Executive.</p>
JFSCD61 Hospital Assessments			
<p>R.C. <i>5112.40, 5112.41, 5112.46, and 5112.99; Sections 620.10 to 620.13 and 812.20</i></p> <p>Provides for the assessments imposed on hospitals for the purpose of the Medicaid program to be imposed for two additional years.</p> <p>Requires ODJFS to establish the hospital assessment rate in rules.</p> <p>Permits the assessment rate to vary for different hospitals if ODJFS obtains any necessary federal waiver.</p>	<p>R.C. <i>5112.40, 5112.41, 5112.46, and 5112.99; Sections 620.10 to 620.13 and 812.20</i></p> <p>Same as the Executive.</p> <p>Same as the Executive.</p> <p>Same as the Executive.</p>	<p>R.C. <i>5112.40, 5112.41, 5112.46, and 5112.99; Sections 620.10 to 620.13 and 812.20</i></p> <p>Same as the Executive.</p> <p>Same as the Executive.</p> <p>Same as the Executive.</p>	<p>R.C. <i>5112.40, 5112.41, 5112.46, and 5112.99; Sections 620.10 to 620.13 and 812.20</i></p> <p>Same as the Executive.</p> <p>Same as the Executive.</p> <p>Same as the Executive.</p>

Executive	As Passed by the House	As Passed by the Senate	As Reported by Conference Committee
<p>Provides for ODJFS to impose a 10% penalty on overdue hospital assessments.</p> <p>Fiscal effect: The Executive assumes \$436 million in assessment revenue in each fiscal year.</p>	<p>Same as the Executive.</p> <p>Fiscal effect: Same as the Executive.</p>	<p>Same as the Executive.</p> <p>Fiscal effect: Same as the Executive.</p>	<p>Same as the Executive.</p> <p>Fiscal effect: Same as the Executive.</p>
<p>JFSCD62 Offsets of Penalties under HCAP and Hospital Assessments</p>			
<p>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.</p> <p>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.</p> <p>Fiscal effect: None.</p>	<p>R.C. 5112.991, Section 309.35.90 Same as the Executive.</p> <p>Same as the Executive.</p> <p>Fiscal effect: Same as the Executive.</p>	<p>R.C. 5112.991, Section 309.35.90 Same as the Executive.</p> <p>Same as the Executive.</p> <p>Fiscal effect: Same as the Executive.</p>	<p>R.C. 5112.991, Section 309.35.90 Same as the Executive.</p> <p>Same as the Executive.</p> <p>Fiscal effect: Same as the Executive.</p>
<p>JFSCD97 Health Care/Medicaid</p>			
<p>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.</p>	<p>Section: 309.30.10 Same as the Executive.</p>	<p>Section: 309.30.10 Same as the Executive.</p>	<p>Section: 309.30.10 Same as the Executive.</p>

Executive	As Passed by the House	As Passed by the Senate	As Reported by Conference Committee
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JFSCD147 Medicaid Reserve Fund

No provision.

No provision.

No provision.

Section: 309.30.13

Creates the Medicaid Reserve Fund. Allows the OBM Director to transfer up to \$129,113,790 from the GRF to the Medicaid Reserve Fund during the FY 2012-FY 2013 biennium and specifies that these moneys may be used for the Medicaid Program upon request of the ODJFS Director and approval of the OBM Director. The OBM Director is authorized to transfer cash, as necessary, from the Medicaid Reserve Fund to the GRF. Appropriations in line item 600525 are to be increased by the amounts of such transfers and the corresponding federal matching funds.

JFSCD96 Unified Long Term Care

Section: 309.30.20

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

(1) Provide the preadmission screening and resident review (PASRR), which includes screening, assessments, and determinations.

(2) Assess and provide long-term care consultations to clients regardless of Medicaid eligibility.

Section: 309.30.20

Same as the Executive.

(1) Same as the Executive.

(2) Same as the Executive.

Section: 309.30.20

Same as the Executive.

(1) Same as the Executive.

(2) Same as the Executive.

Section: 309.30.20

Same as the Executive.

(1) Same as the Executive.

(2) Same as the Executive.

Executive	As Passed by the House	As Passed by the Senate	As Reported by Conference Committee
<p>(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.</p>	<p>(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.</p>	<p>(3) Same as the Executive.</p>	<p>(3) Same as the Executive.</p>
<p>Requires GRF appropriation item 600525, Health Care/Medicaid, to be used to:</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>
<p>(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.</p>	<p>(1) Same as the Executive.</p>	<p>(1) Same as the Executive.</p>	<p>(1) Same as the Executive.</p>
<p>(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.</p>	<p>(2) Same as the Executive.</p>	<p>(2) Same as the Executive.</p>	<p>(2) Same as the Executive.</p>
<p>(3) No provision.</p>	<p>(3) Requires \$13,904,338 in FY 2012 and \$27,894,003 in FY 2013 to be used to provide supplemental funding to the PASSPORT Program.</p>	<p>(3) Same as the House, but increases the earmark amount to \$27,808,676 in FY 2012 and \$55,788,006 in FY 2013.</p>	<p>No provision.</p>

Executive	As Passed by the House	As Passed by the Senate	As Reported by Conference Committee
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JFSCD145 Estimated Expenditures for PASSPORT, Choices, Assisted Living, and PACE Programs

No provision.

No provision.

No provision.

Section: 309.30.21

Specifies that expenditures for the PASSPORT, Choices, Assisted Living, and PACE programs are anticipated to be \$618,772,607 in FY 2012 and \$662,261,174 in FY 2013. Requires ODJFS and ODA to monitor expenditures for these programs at regular intervals and specifies the following: (1) per member per month spending for PASSPORT and Choices services are to be at approximately the same levels as provided in FY 2011, (2) per member per month expenditures for case management are to be maintained at FY 2011 levels, and (3) site operation functions for PASSPORT Administrative Agencies are to be reduced 5% for FY 2012 and reduced by another 5% for FY 2013. Lastly, requires the departments to identify any significant variances in expenditures for amounts previously specified and requires the departments to take corrective action if a variance could adversely affect delivery of services under these programs.

Executive	As Passed by the House	As Passed by the Senate	As Reported by Conference Committee
JFSCD138 Hattie Larlham Community Living			
No provision.	No provision.	<p>Section: 309.30.23 Earmarks \$62,500 in each fiscal year in appropriation item 600625, Health Care/Medicaid, for Hattie Larlham Community Living.</p>	<p>Section: 309.30.23 Same as the Senate.</p>
JFSCD47 Reduction of Medicaid Expenditures for Fiscal Years 2012 and 2013			
Section: 309.30.30	Section: 309.30.30	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, that result in payment rates, instead of expenditures, being at least 2% less than the FY 2011 payment rates.	Same as the House.	Same as the House.
Excludes NF and ICF/MR services from the purchasing strategies.	Same as the Executive, but requires the ODJFS Director to determine which services (other than NF and ICF/MR services) are subject to the purchasing strategies and rate reductions.	Same as the House, but requires the inclusion of hospital inpatient and outpatient services.	Same as the Senate.
Requires the ODJFS Director, in implementing the purchasing strategies, to consider (1) modernizing hospital inpatient and outpatient reimbursement methodologies and (2) establishing selective contracting and prior authorization requirements for types of medical assistance the Director identifies.	Same as the Executive, but applies to rate reductions also.	Same as the House, but requires the ODJFS Director, rather than to consider such action, to (1) modernize hospital inpatient and outpatient reimbursement methodologies notwithstanding the bill's provision that requires the Director to continue the June 30, 2011 Medicaid rates for such services and (2) establish selective contracting and prior authorization	Same as the Senate.

Executive	As Passed by the House	As Passed by the Senate	As Reported by Conference Committee
<p>Requires the ODJFS Director, when considering modifying hospital inpatient and outpatient reimbursement methodologies, to consider (1) modifying the inpatient hospital capital reimbursement methodology, (2) implementing relative weights for diagnosis-related groups (DRGs) or establishing new DRGs, and (3) implementing other changes the Director considers appropriate.</p>	<p>Same as the Executive.</p>	<p>requirements. Same as the Executive, but requires the ODJFS Director, when modernizing hospital inpatient and outpatient reimbursement methodologies, to (1) modify the inpatient hospital capital reimbursement methodology, (2) establish new DRGs in a cost neutral manner (3) modify the measures used to determine whether a claim for a hospital inpatient or outpatient service qualifies for a cost outlier payment, and (4) implement other changes the Director considers appropriate.</p>	<p>Same as the Senate, but provides that the requirement for ODJFS to modify measures used to determine whether a claim for a hospital service qualifies for a cost outlier payment does not apply to outpatient hospital services or exceptional cost outliers.</p>
<p>No provision.</p>	<p>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.</p>	<p>No provision.</p>	<p>No provision.</p>

Executive	As Passed by the House	As Passed by the Senate	As Reported by Conference Committee
JFSCD134 Hospital Inpatient and Outpatient Supplemental Upper Payment Limit Program			
No provision.	No provision.	<p>Section: 309.30.33 Permits ODJFS to continue and modify the existing Hospital Inpatient and Outpatient Supplemental Upper Payment Limit Program to provide supplemental Medicaid payments to hospitals for providing Medicaid-covered inpatient and outpatient services to Medicaid recipients.</p>	<p>Section: 309.30.33 Same as the Senate.</p>
No provision.	No provision.	<p>Earmarks up to \$432,432,725 (state and federal) in FY 2012 and \$415,162,388 (state and federal) in FY 2013 to be used for the Hospital Inpatient and Outpatient Supplemental Upper Payment Limit Program.</p>	Same as the Senate.
JFSCD135 Medicaid Managed Care Hospital Incentive Payment Program			
No provision.	No provision.	<p>Section: 309.30.33 Requires ODJFS to apply for federal approval of an amendment to the state Medicaid plan under which Medicaid MCOs are provided funds to increase payments to hospitals under contract with the organizations.</p>	<p>Section: 309.30.33 Same as the Senate.</p>
No provision.	No provision.	<p>Specifies that funds are not to be provided under the program unless the capitation rates paid to Medicaid MCOs remain actuarially sound.</p>	Same as the Senate.

Executive	As Passed by the House	As Passed by the Senate	As Reported by Conference Committee
No provision.	No provision.	Prohibits ODJFS from implementing the program in a manner that reduces either (1) the amounts Medicaid MCOs would have otherwise received or (2) the amounts hospitals would have received from the Hospital Assessment Fund.	Same as the Senate.
No provision.	No provision.	Requires Medicaid managed care organizations and hospitals, if the program does not achieve \$22 million in state savings, to pay the state the difference between the amount saved and \$22 million. ODJFS may waive the requirement if spending for the Medicaid Program in FY 2013 is less than the amount that is budgeted for that fiscal year.	Same as the Senate.
No provision.	No provision.	Earmarks up to \$162,000,000 (state and federal) in each fiscal year to be used for the program.	Same as the Senate.

Executive	As Passed by the House	As Passed by the Senate	As Reported by Conference Committee
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JFSCD136 Authorization of Additional Medicaid Expenditures

<p>No provision.</p>	<p>No provision.</p>	<p>Section: 309.30.33 Permits the Director of OBM to authorize additional expenditures from appropriation items 600623, Health Care Federal, 600525, Health Care/Medicaid, and 600656, Medicaid-Hospital, in order to implement the Hospital Inpatient and Outpatient Supplemental Upper Payment Limit Program, the Medicaid Managed Care Hospital Incentive Payment Program, and the bill's provision that requires the ODJFS to continue paying hospitals the June 30, 2011 rate. Appropriates amounts authorized.</p>	<p>Section: 309.30.33 Same as the Senate.</p>
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JFSCD109 Continuation of Medicaid Rates for Hospital Inpatient and Outpatient Services

<p>No provision.</p>	<p>Section: 309.30.35 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 notwithstanding the bill's provision that requires the Director to implement purchasing strategies and rate reductions for Medicaid services.</p>	<p>Section: 309.30.35 Same as the House, but does not provide for the Director to continue paying the rates notwithstanding the bill's provision that requires the Director to implement the purchasing strategies and rate reductions.</p>	<p>Section: 309.30.35 Same as the Senate.</p>
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Executive	As Passed by the House	As Passed by the Senate	As Reported by Conference Committee
No provision.	No provision. 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.	Earmarks up to \$176,021,111 (state and federal) in FY 2012 and \$195,158,394 (state and federal) in FY 2013 to be used for maintaining hospital rates at the amount paid in FY 2010 and FY 2011. Fiscal effect: Same as the House.	Same as the Senate. Fiscal effect: Same as the House.

JFSCD139 Additional Medicaid Payments to Children's Hospitals

No provision.	No provision.	Sections: 309.30.38, 309.30.33 Requires, for FY 2012 and FY 2013, the ODJFS Director to make additional Medicaid payments to children's hospitals for inpatient services under a program modeled after the program that was created for FY 2006 and FY 2007 under the budget act for those years.	Sections: 309.30.38, 309.30.33 Same as the Senate.
No provision.	No provision.	Provides for all of the following to be used to make the additional Medicaid payments: (1) In each of the fiscal years, \$6 million from appropriation item 600537, Children's Hospital, and the corresponding federal match; (2) In FY 2012, \$4.4 million of the money in the Hospital Assessment Fund and the corresponding federal match; and (3) In FY 2013, \$4 million of the money in the Hospital Assessment Fund and the	Same as the Senate.

Executive	As Passed by the House	As Passed by the Senate	As Reported by Conference Committee
No provision.	No provision.	<p>corresponding federal match.</p> <p>Provides that nothing in the bill's provision regarding the Hospital Inpatient and Outpatient Supplemental Upper Payment Limit Program and the Medicaid Managed Care Hospital Incentive Payment Program reduces the additional Medicaid payments to be made to children's hospitals.</p>	Same as the Senate.

JFSCD38 Care Coordination for Families and Children Pending Managed Care Enrollment

Section: 309.30.50

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

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

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

Requires ODJFS to certify to the Director of OBM the state and federal share of the amount ODJFS has expended each quarter for services under this section. Requires the Director of OBM, on receipt of each

Section: 309.30.50

Same as the Executive.

Same as the Executive.

Same as the Executive, but also permits ODJFS to seek federal approval to authorize payment for Help Me Grow Program services.

Same as the Executive.

Section: 309.30.50

Same as the Executive.

Same as the Executive.

Same as the House.

Same as the Executive, but specifies that the transfers that occur from GRF appropriation item 440459, Help Me Grow, used by ODH, to GRF appropriation item 600525, Health Care/Medicaid, used by

Section: 309.30.50

Same as the Executive.

Same as the Executive.

Same as the House.

Same as the Senate.

Executive	As Passed by the House	As Passed by the Senate	As Reported by Conference Committee
<p>quarterly certification, to decrease appropriation from appropriation item 440459, Help Me Grow, used by ODH, an amount equal to the state share of the certified expenditures and increase appropriation item 600525, Health Care/Medicaid, used by ODJFS, by an equal amount and adjust the federal share accordingly.</p>		<p>ODJFS, relating to Medicaid-reimbursable targeted case management services are intended for the purpose of drawing down federal Medicaid reimbursement and not for the purpose of reducing funding for the Help Me Grow Program.</p>	
<p>No provision.</p>	<p>No provision.</p>	<p>No provision.</p>	<p>No provision.</p>
<p>Fiscal effect: Potential savings and potential gain of federal Medicaid reimbursement.</p>	<p>Fiscal effect: Same as the Executive.</p>	<p>Fiscal effect: Same as the Executive.</p>	<p>Fiscal effect: Same as the Executive.</p>

JFSCD142 Prior Authorization for Community Mental Health Services

<p>No provision.</p>	<p>No provision.</p>	<p>No provision.</p>	<p>Section: 309.30.55 For FY 2012 and FY 2013, provides that a Medicaid recipient under age 21 satisfies all requirements for any prior authorization process for community mental health services provided under a Medicaid component administered by ODMH if the child meets certain requirements related to being an abused, neglected, dependent, unruly, or delinquent child. Fiscal effect: Potential increase in costs if the provision results in more services delivered to individuals under 21 who are enrolled in Medicaid.</p>
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Executive	As Passed by the House	As Passed by the Senate	As Reported by Conference Committee
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JFSCD143 Joint Legislative Committee for Unified Long-Term Services and Supports

No provision.

No provision.

No provision.

Section: 309.30.73

Creates the Joint Legislative Committee for Unified Long-Term Services and Supports and permits the Committee to examine (1) the implementation of the dual eligible integrated care demonstration project, (2) the implementation of a unified long-term services and support Medicaid waiver component, (3) providing consumers choices regarding a continuum of services that meet their health-care needs, promote autonomy and independence, and improve quality of life, (4) ensuring that long-term care services and supports are delivered in a cost effective and quality manner, (5) subjecting county homes, county nursing homes, and district homes to the nursing home franchise permit fee, and (6) other issues of interest to the Committee.

Fiscal effect: None.

Executive	As Passed by the House	As Passed by the Senate	As Reported by Conference Committee
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JFSCD72 FY 2012 Medicaid Reimbursement Rates for ICFs/MR

Section: 309.30.90

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

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

Section: 309.30.90

Same as the Executive.

Fiscal effect: Same as the Executive.

Section: 309.30.90

Replaces the Executive provision with a provision that (1) requires ODJFS to determine modified rates and capped rates for existing ICFs/MR, and (2) provides for an existing ICF/MR to be paid a rate that is the average of its modified and capped rates unless the mean of such rates for all existing ICFs/MR is other than \$279.81, in which case the ICF/MR's rate is to be adjusted by a percentage that equals the percentage by which the mean rate is greater or less than \$279.81.

Fiscal effect: Same as the Executive, but with potential smaller savings.

Section: 309.30.90

Same as the Senate, but (1) provides that an ICF/MR that undergoes a change of operator during any part of the fiscal year is an existing ICF/MR, (2) alters the method by which an ICF/MR's modified rate is determined, (3) provides that an ICF/MR's capped rate is the ICF/MR's unmodified rate reduced by the percentage by which the mean unmodified rates for all ICFs/MR exceeds \$282.59 rather than \$279.81, and (4) requires ODJFS, if the mean rate for all existing ICFs/MR is other than \$282.59 rather than \$279.81, to adjust the rate for each existing ICF/MR by a percentage that is equal to the percentage by which the mean rate is greater or less than \$282.59 rather than \$279.81.

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

Executive	As Passed by the House	As Passed by the Senate	As Reported by Conference Committee
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JFSCD73 FY 2013 Medicaid Reimbursement Rates for ICFs/MR

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.

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

Section: 309.33.10

Same as the Executive.

Fiscal effect: Same as the Executive.

Section: 309.33.10

Replaces the Executive provision with a provision that (1) requires ODJFS to determine modified rates for existing ICFs/MR, and (2) provides for an ICF/MR to be paid its modified rate unless the mean of such rates for all existing ICFs/MR is other than \$280.14, in which case the ICF/MR's modified rate is to be adjusted by a percentage that equals the percentage by which the mean modified rate is greater or less than \$280.14.

Fiscal effect: Same as the Executive, but potential smaller savings.

Section: 309.33.10

Same as the Senate, but (1) provides that an ICF/MR that undergoes a change of operator during any part of the fiscal year is an existing ICF/MR, (2) alters the method by which an ICF/MR's modified rate is determined, (3) instead of providing for an ICF/MR's rate to be its modified rate or, if the mean of such rates for all existing ICFs/MR is other than \$280.14, its modified rate as adjusted by a percentage that equals the percentage by which the mean modified rate is greater or less than \$280.14, provides for an ICF/MR's rate to be the average of its modified and capped rates unless the mean of such rates for all existing ICFs/MR is other than \$282.92, in which case the ICF/MR's rate is to be adjusted by a percentage that equals the percentage by which the mean rate is greater or less than \$282.92.

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

Executive	As Passed by the House	As Passed by the Senate	As Reported by Conference Committee
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JFSCD48 Medicaid Quality Improvement Initiatives for Children

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.

Fiscal effect: None.

Section: 309.33.40

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: Same as the Executive.

Section: 309.33.40

Same as the Executive.

Fiscal effect: Same as the Executive.

Section: 309.33.40

Same as the Executive.

Fiscal effect: Same as the Executive.

JFSCD27 Expansion and Evaluation of PACE

Section: 309.33.50

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

Allows the ODA Director, in consultation with the ODJFS Director, to expand the PACE Program to regions of Ohio beyond those currently served if the following apply:

(1) Funding is available;

Section: 309.33.50

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.

Same as the Executive.

(1) Same as the Executive.

Section: 309.33.50

Same as the Executive.

Same as the Executive.

(1) Same as the Executive.

Section: 309.33.50

Same as the Executive.

Same as the Executive.

(1) Same as the Executive.

Executive	As Passed by the House	As Passed by the Senate	As Reported by Conference Committee
(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.	(2) Same as the Executive.	(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.	(3) Same as the Executive.	(3) Same as the Executive.
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.	No provision.	No provision.
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.	Same as the House.	Same as the House.
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.	Fiscal effect: Same as the Executive.	Fiscal effect: Same as the Executive.

Executive	As Passed by the House	As Passed by the Senate	As Reported by Conference Committee
JFSCD59 Medicaid Dispensing Fee for Noncompounded Drugs			
<p>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.</p>	<p>Section: 309.33.70 Same as the Executive.</p>	<p>Section: 309.33.70 Same as the Executive.</p>	<p>Section: 309.33.70 Same as the Executive.</p>
Fiscal effect: None.	Fiscal effect: Same as the Executive.	Fiscal effect: Same as the Executive.	Fiscal effect: Same as the Executive.
JFSCD91 Money Follows the Person Enhanced Reimbursement Fund			
<p>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.</p>	<p>Section: 309.33.80 Same as the Executive.</p>	<p>Section: 309.33.80 Same as the Executive.</p>	<p>Section: 309.33.80 Same as the Executive.</p>
Fiscal effect: None.	Fiscal effect: Same as the Executive.	Fiscal effect: Same as the Executive.	Fiscal effect: Same as the Executive.

Executive	As Passed by the House	As Passed by the Senate	As Reported by Conference Committee
JFSCD98 Medicare Part D			
<p>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.</p>	<p>Section: 309.33.90 Same as the Executive.</p>	<p>Section: 309.33.90 Same as the Executive.</p>	<p>Section: 309.33.90 Same as the Executive.</p>

Executive	As Passed by the House	As Passed by the Senate	As Reported by Conference Committee
JFSCD78 Rebalancing Long-Term Care			
<p>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.</p> <p>Permits ODJFS to apply to participate in the federal Balancing Incentive Payments Program.</p> <p>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.</p> <p>Fiscal effect: None.</p>	<p>Section: 309.35.10 Same as the Executive.</p> <p>Same as the Executive.</p> <p>Same as the Executive.</p> <p>Fiscal effect: Same as the Executive.</p>	<p>Section: 309.35.10 Same as the Executive.</p> <p>Same as the Executive.</p> <p>Same as the Executive.</p> <p>Fiscal effect: Same as the Executive.</p>	<p>Section: 309.35.10 Same as the Executive.</p> <p>Same as the Executive.</p> <p>Same as the Executive.</p> <p>Fiscal effect: Same as the Executive.</p>

JFSCD94 Ohio Access Success Project and Identification of Overpayments			
<p>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:</p>	<p>Section: 309.35.40 Same as the Executive.</p>	<p>Section: 309.35.40 Same as the Executive.</p>	<p>Section: 309.35.40 Same as the Executive.</p>

Executive	As Passed by the House	As Passed by the Senate	As Reported by Conference Committee
(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.	(1) Same as the Executive.	(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.	(2) Same as the Executive.	(2) Same as the Executive.
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.	Same as the Executive.	Same as the Executive.
JFSCD95 Provider Franchise Fee Offsets			
<p>Section: 309.35.50</p> <p>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.</p>	<p>Section: 309.35.50</p> <p>Same as the Executive.</p>	<p>Section: 309.35.50</p> <p>Same as the Executive.</p>	<p>Section: 309.35.50</p> <p>Same as the Executive.</p>

Executive	As Passed by the House	As Passed by the Senate	As Reported by Conference Committee
<p>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.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>
<p>JFSCD6 Transfer of Funds to ODODD</p>			
<p>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.</p>	<p>Section: 309.35.60 Same as the Executive.</p>	<p>Section: 309.35.60 Same as the Executive.</p>	<p>Section: 309.35.60 Same as the Executive.</p>
<p>JFSCD128 HealthCare Compliance Appropriation</p>			
<p>No provision.</p>	<p>No provision.</p>	<p>Section: 309.35.73 Allows appropriation item 600625, Healthcare Compliance, to be used for expenses incurred in implementation or operation of Health Home programs and for the creation, modification, or replacement of any federally funded Medicaid healthcare systems in FY 2012 and FY 2013.</p>	<p>Section: 309.35.73 Same as the Senate.</p>

Executive	As Passed by the House	As Passed by the Senate	As Reported by Conference Committee
JFSCD99 Interagency Reimbursement			
<p>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.</p>	<p>Section: 309.37.20 Same as the Executive.</p>	<p>Section: 309.37.20 Same as the Executive.</p>	<p>Section: 309.37.20 Same as the Executive.</p>
JFSCD100 Medicaid Program Support Fund – State			
<p>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.</p>	<p>Section: 309.37.30 Same as the Executive.</p>	<p>Section: 309.37.30 Same as the Executive.</p>	<p>Section: 309.37.30 Same as the Executive.</p>

Executive	As Passed by the House	As Passed by the Senate	As Reported by Conference Committee
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JFSCD101 Transfers of IMD/DSH Cash to the Department of Mental Health

Section: 309.37.40

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

Section: 309.37.40

Same as the Executive.

Section: 309.37.40

Same as the Executive.

Section: 309.37.40

Same as the Executive.

JFSCD44 Medicaid Managed Care Coverage of Prescription Drugs

Section: 309.37.50

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

No provision.

Sections: 309.37.50, 5111.172

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.

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

Sections: 309.37.50, 5111.172

Same as the House.

Same as the House, but provides that a drug may also be prescribed by a psychiatrist practicing at a certified community mental health agency.

Sections: 309.37.50, 5111.172

Same as the House.

Same as the Senate.

Executive	As Passed by the House	As Passed by the Senate	As Reported by Conference Committee
No provision.	(2) the drugs must be prescribed by a psychiatrist credentialed by the HICs. No provision.	Requires, under the bill's Medicaid managed care drug coverage requirements, that Medicaid managed care organizations maintain coverage for all drugs for a 90-day period without using drug utilization or management techniques that are more stringent for a Medicaid recipient than before the recipient's coverage is transferred to the managed care system.	Same as the Senate, but provides that if the drug is a controlled substances, the organization is required to cover the controlled substance for a 30-day period (rather than 90-day) without using drug utilization or management techniques that are more stringent than before the coverage was transferred.
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 drugs, but only for a 120-day period.	Same as the House.	Same as the House.
<p>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.</p>	<p>Fiscal effect: The executive budget assumes a change in prior authorization requirements as part of the carve-in of the prescription drug benefit into Medicaid managed care. According to ODJFS, the provisions will increase costs by millions of dollars.</p>	<p>Fiscal effect: Same as the House, but would likely increase costs further by maintaining coverage for all drugs for individuals in Medicaid managed care for a 90-day period without using drug utilization or management techniques that are more stringent than those in place under fee-for-service.</p>	<p>Fiscal effect: Same as the Senate, but would likely increase costs less by maintaining coverage for all drugs for individuals in Medicaid managed care for a 30-day period without using drug utilization or management techniques that are more stringent than those in place under fee-for-service.</p>

Executive	As Passed by the House	As Passed by the Senate	As Reported by Conference Committee
JFSCD122 Residential State Supplement Program			
No provision.	No provision.	Section: 390.35.33 Transfers \$2.8 million cash from the GRF to the Nursing Home Franchise Permit Fee Fund (Fund 5R20) to be used for the Residential State Supplement Program.	No provision.
JFSCD60 Hospital Care Assurance Program			
Sections: 690.10, 690.11, and 309.35.70 Continues the Hospital Care Assurance Program (HCAP) for two additional years.	Sections: 690.10, 690.11, and 309.35.70 Same as the Executive.	Sections: 690.10, 690.11, and 309.35.70 Same as the Executive.	Sections: 690.10, 690.11, and 309.35.70 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.	Same as the Executive.	Same as the Executive.
Fiscal effect: None.	Fiscal effect: Same as the Executive.	Fiscal effect: Same as the Executive.	Fiscal effect: Same as the Executive.

Executive	As Passed by the House	As Passed by the Senate	As Reported by Conference Committee
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Social Services

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

R.C. 5101.46

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

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

R.C. 5101.46

Same as the Executive.

Fiscal effect: Same as the Executive.

R.C. 5101.46

Same as the Executive.

Fiscal effect: Same as the Executive.

R.C. 5101.46

Same as the Executive.

Fiscal effect: Same as the Executive.

JFSCD130 Military Injury Relief Fund

No provision.

No provision.

R.C. 5101.98

Provides that an individual injured while in active service as a member of the armed forces of the United States while serving in Operation New Dawn (the current name for the United States military operation in Iraq) is eligible for Military Injury Relief Fund grants.

Fiscal effect: None.

R.C. 5101.98

Same as the Senate.

Fiscal effect: Same as the Senate.

Executive	As Passed by the House	As Passed by the Senate	As Reported by Conference Committee
JFSCD9 Ohio Association of Second Harvest Food Banks			
<p>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.</p>	<p>Section: 309.40.30 Same as the Executive.</p>	<p>Section: 309.40.30 Same as the Executive.</p>	<p>Section: 309.40.30 Same as the Executive.</p>
<p>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.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>
<p>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.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>
<p>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.</p>	<p>Fiscal effect: Same as the Executive.</p>	<p>Fiscal effect: Same as the Executive.</p>	<p>Fiscal effect: Same as the Executive.</p>

Executive	As Passed by the House	As Passed by the Senate	As Reported by Conference Committee
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JFSCD13 Child, Family, and Adult and Community Protective Services

Section: 309.50.30

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

Section: 309.50.30

Same as the Executive.

Section: 309.50.30

Same as the Executive.

Section: 309.50.30

Same as the Executive.

Food Stamp Program

JFSCD102 Food Stamps Transfer

Section: 309.40.10

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

Section: 309.40.10

Same as the Executive.

Section: 309.40.10

Same as the Executive.

Section: 309.40.10

Same as the Executive.

Executive	As Passed by the House	As Passed by the Senate	As Reported by Conference Committee
JFSCD8 Name of Food Stamp Program			
<p>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.</p> <p>Fiscal effect: None.</p>	<p>Section: 309.40.20 Same as the Executive.</p> <p>Fiscal effect: Same as the Executive.</p>	<p>Section: 309.40.20 Same as the Executive.</p> <p>Fiscal effect: Same as the Executive.</p>	<p>Section: 309.40.20 Same as the Executive.</p> <p>Fiscal effect: Same as the Executive.</p>

Unemployment Compensation

JFSCD16 Unemployment Compensation Advisory Council			
<p>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.</p> <p>Requires the Director, instead of the Council, to request the OBM Director to transfer excess funds in the Fund to the Unemployment Compensation Fund.</p> <p>Requires the ODJFS Director to pay the operating expenses of the Council from the Fund, instead of requiring the Director to pay</p>	<p>R.C. 4141.08, 4141.11 Same as the Executive.</p> <p>Same as the Executive.</p> <p>Same as the Executive.</p>	<p>R.C. 4141.08, 4141.11 Same as the Executive.</p> <p>Same as the Executive.</p> <p>Same as the Executive.</p>	<p>R.C. 4141.08, 4141.11 Same as the Executive.</p> <p>Same as the Executive.</p> <p>Same as the Executive.</p>

Executive	As Passed by the House	As Passed by the Senate	As Reported by Conference Committee
<p>those expenses as determined by the Council.</p> <p>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.</p>	<p>Fiscal effect: Same as the Executive.</p>	<p>Fiscal effect: Same as the Executive.</p>	<p>Fiscal effect: Same as the Executive.</p>
<p>JFSCD120 Seasonal Unemployment</p>			
<p>No provision.</p>	<p>R.C. 4141.33 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.</p>	<p>R.C. 4141.33 No provision.</p>	<p>R.C. 4141.33 No provision.</p>
<p>No provision.</p>	<p>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.</p>	<p>Same as the House, but removes reference to services that "substantially consist" of seasonal employment and provides that the provision is effective October 30, 2011.</p>	<p>Same as the Senate, but limits the proposed prohibition against an individual receiving unemployment benefits for weeks between two successive seasonal periods to an individual who performs services that significantly consists of seasonal employment, and defines "significantly" as 40% or more of an individual's base period in seasonal employment.</p>
<p>No provision.</p>	<p>Requires the ODJFS Director to adopt rules to implement this provision.</p>	<p>Same as the House.</p>	<p>Same as the House.</p>

Executive	As Passed by the House	As Passed by the Senate	As Reported by Conference Committee
	<p>Fiscal effect: Potential decrease in expenditures from the state's Unemployment Compensation Trust Fund.</p>	<p>Fiscal effect: Same as the House.</p>	<p>Fiscal effect: Same as the House.</p>
JFSCD15 Federal Unemployment Programs			
<p>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.</p>	<p>Section: 309.60.10 Same as the Executive.</p>	<p>Section: 309.60.10 Same as the Executive.</p>	<p>Section: 309.60.10 Same as the Executive.</p>

Executive	As Passed by the House	As Passed by the Senate	As Reported by Conference Committee
JFSCD141 Unemployment Compensation Interest Contingency Fund			
No provision.	No provision.	No provision.	<p>Section: 309.60.20 Renames the General Health and Human Service Pass-Through Fund (Fund 5HC0) the Unemployment Compensation Interest Contingency Fund.</p>
No provision.	No provision.	No provision.	Permits the OBM Director to transfer \$23 million in cash from the Child and Adult Protective Services Fund (Fund 5GV0) to the Unemployment Compensation Interest Contingency Fund on July 1, 2011, or as soon as possible thereafter.
No provision.	No provision.	No provision.	Permits the OBM Director to seek Controlling Board approval to establish appropriations for payment of interest costs paid to the U.S. Secretary of the Treasury for the repayment of accrued interest related to federal unemployment account borrowing.

Executive	As Passed by the House	As Passed by the Senate	As Reported by Conference Committee
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	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.	Same as the Executive.	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.	Same as the Executive.	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.	Same as the Executive.	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.	Fiscal effect: Same as the Executive.	Fiscal effect: Same as the Executive.

Executive	As Passed by the House	As Passed by the Senate	As Reported by Conference Committee
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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

R.C. 3793.04, 3793.21, 4511.191, 5111.911 to 5111.913, Section 215.20

R.C. 3793.04, 3793.21, 4511.191, 5111.911 to 5111.913, Section 215.20

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.

Same as the Executive.

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. Makes ODJFS responsible for the nonfederal share of such Medicaid costs effective July 1, 2012.

Same as the Executive.

Replaces the Executive provision with a provision under which the boards are not required to use any funds other than the funds allocated to them from new GRF line item 038501, Medicaid Match, and the federal reimbursement boards receive, to pay for costs incurred under a component of the Medicaid Program that ODADAS administers during FY 2012.

Same as the Senate, but specifies that a portion of line item 038621, Statewide Treatment and Prevention, shall also be allocated to boards in FY 2012 to pay for the nonfederal share of Medicaid.

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.

Same as the Executive.

Same as the Executive.

Executive	As Passed by the House	As Passed by the Senate	As Reported by Conference Committee
No provision.	No provision.	Requires ODADAS to enter into an agreement with each board regarding the issue of paying for community alcohol and drug addiction Medicaid services provided before July 1, 2011, for which the claims are submitted on or after that date.	Same as the Senate.
No provision.	No provision.	Provides for a board to receive the federal financial participation received for community alcohol and drug addiction Medicaid services provided before July 1, 2011, if the board paid for the services.	Same as the Senate.
<p>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.</p>	<p>Fiscal effect: Same as the Executive.</p>	<p>Fiscal effect: In FY 2012, the bill requires ODADAS to allocate to boards the nonfederal share of community addiction Medicaid costs from new GRF line item 038501, Medicaid Match, and provides that boards are not required to use any funds other than the funds allocated to them from that line item and the federal reimbursement boards receive for those services to pay for Medicaid.</p>	<p>Fiscal effect: Same as the Senate, but specifies that a portion of line item 038621, Statewide Treatment and Prevention, shall be allocated to boards in FY 2012 to be used to pay the nonfederal share of Medicaid addiction treatment services and that boards are not required to use any other funds that those from line items 038621 and 038501, Medicaid Match, and the federal reimbursement boards receive to pay for Medicaid.</p>

Executive	As Passed by the House	As Passed by the Senate	As Reported by Conference Committee
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DDDCD15 Nonfederal Share of New ICF/MR Beds

Section: 263.20.60
 Requires ODODD to transfer funds to ODJFS to pay the nonfederal share of Medicaid costs for eligible Medicaid recipients in an ICF/MR. Authorizes the ODODD Director to use GRF appropriation item 322407, Medicaid State Match or GRF appropriation item 322501, County Boards Subsidies for the transfer. Requires that if the ICF/MR is located in a county served by a county DD board that supports the facility's certification by the ODH Director, then the cash transferred be from funds the ODODD Director has allocated to that county DD board unless the allocation is not sufficient, in which case cash allocated to other counties must be used to make up the difference.

Section: 263.20.60
 Same as the Executive.

Section: 263.20.60
 Same as the Executive.

Section: 263.20.60
 Same as the Executive.