

Executive			As Passed by the House			As Reported by Senate Finance and Financial Institutions		
<u>General</u>								
1	JFS - 34	Expenditure of Federal Grant Funds						
R.C.	131.33		R.C.	131.33		R.C.	131.33	
Permits federal grant funds that are obligated by ODJFS for financial allocations to county family services agencies and local workforce investment boards to be available for expenditure for the duration of the federal grant period.			Same as the Executive.			Same as the Executive.		
Fiscal effect: County family services agencies and local workforce investment boards will be able to spend federal grant dollars awarded in federal fiscal years (Oct. 1 to Sept. 30) in subsequent state fiscal years as necessary.			Fiscal effect: Same as the Executive.			Fiscal effect: Same as the Executive.		
2	JFS - 5	Collaboration on Welfare Reform Training						
R.C.	5101.072, (Repealed)		R.C.	5101.072, (Repealed)		R.C.	5101.072, (Repealed)	
Ends a requirement that ODJFS collaborate with county departments of job and family services to develop and provide training regarding county departments' duties under previous welfare reform legislation.			Same as the Executive.			Same as the Executive.		
Fiscal effect: Potential minimal decrease in costs related to training.			Fiscal effect: Same as the Executive.			Fiscal effect: Same as the Executive.		

Executive			As Passed by the House	As Reported by Senate Finance and Financial Institutions
3	JFS - 26	ODJFS General Services Administration and Operating Fund		
R.C.	5101.073	Creates in the state treasury GSF Fund 5DM0, General Services Administration and Operating.	R.C. 5101.073	R.C. 5101.073
		Requires the Treasurer of State to transfer money in 7090 Fund R012, Refunds and Audit Settlements, to Fund 5DM0, on receipt of a report the ODJFS Director must submit when there is a final closeout of a federal grant regarding a program ODJFS administers or a reconciliation of all final transactions with the federal government regarding federal funds for a program ODJFS administers.	Same as the Executive.	Same as the Executive.
		Provides for money in Fund 5DM0 to be used for ODJFS's administrative expenses.	Same as the Executive, but permits, rather than requires, the ODJFS Director to submit the report and provides that the report is provided after completion of the reconciliation of all final transactions with the federal government regarding a federal grant for a program ODJFS administers and a final closeout for the grant.	Same as the House.
		Fiscal effect: Allows ODJFS to access unused federal grant money following a final closeout or reconciliation of federal funds for programs administered by ODJFS and use them for administrative expenses.	Same as the Executive, but provides for the money to be used also for the expenses of the programs ODJFS administers.	Same as the House.
			Fiscal effect: Same as the Executive.	Fiscal effect: Same as the Executive.
4	JFS - 69	Assisted Living Home First Report		
		No provision.	R.C. 5111.894	R.C. 5111.894
			Eliminates a requirement that the ODJFS Director report annually on the number of individuals enrolled in the Assisted Living Program pursuant to the home first process and the costs incurred and savings achieved as a result of the enrollments.	Same as the House.

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			Fiscal effect: The Department could realize a minimal decrease in administrative costs.		Fiscal effect: Same as the House.
Workforce Development					
5	JFS - 125	Expenditures from the Local Workforce Development Funds			
					R.C. 6301.03
No provision.			No provision.	Allows local workforce development funds to reimburse county public assistance funds for workforce development activities.	
			Fiscal effect: None.		
6	JFS - 95	Workforce Investment Act			
			Sections: 309.60, 309.60.10, 309.60.20, 309.60.30		
			Makes the following earmarks of FED Fund 3V00 appropriation item 60688, Workforce Investment Act:		
No provision.			(1) \$1 million in each fiscal year to reimburse nurse assistant training programs that service TANF-eligible individuals;	No provision.	
No provision.			(2) \$2 million in fiscal year 2010 for programs that provide skill-based education and assistance to individuals eligible for Ohio Works First;	No provision.	
No provision.			(3) \$700,000 in each fiscal year to support the Nursing Faculty Fellowship Grant Program.	No provision.	
No provision.			Reappropriates any of funds unspent for those earmarks at the end of fiscal year 2010 for fiscal year 2011.	No provision.	

Executive			As Passed by the House	As Reported by Senate Finance and Financial Institutions
Child Care				
7	JFS - 85	Publicly Funded Child Care Providers		
			R.C. 5104.01, 5104.38, 309.10, 309.45.80	
	No provision.		Defines "full-time" for publicly funded child care providers as being at least 32.5 hours and not more than 60 hours per week for licensed child care centers and licensed Type A homes, and at least 32.5 hours and not more than 50 hours per week for certified Type B providers.	No provision.
	No provision.		Automatically repeals the above definition of "full-time" for publicly funded child care providers effective July 1, 2011.	No provision.
	No provision.		Codifies the reimbursement ceiling for providers of publicly funded child care for fiscal years 2010 and 2011 at the 51st percentile of the child care market rate survey commissioned by ODJFS in 2008.	No provision.
			Fiscal effect: Defining a "full-time" week at 32.5 hours may increase costs by about \$11.4 million above the executive's plan of defining a "full-time" week at 35 hours through rule (up from the current definition of 25 hours).	
			Codifying the reimbursement ceiling at 51% of the 2008 market rate survey may affect costs depending on how the amounts compare to the executive's plan to continue with current rate ceilings of 65% of the 2006 market rate survey.	

Executive			As Passed by the House	As Reported by Senate Finance and Financial Institutions
8	JFS - 97	Liability Insurance for Family Day-Care Homes	<div>R.C. 5104.041</div> <div>No provision.</div> <div>Requires the parent, guardian, or custodian of each child receiving child care from a type A or type B family day-care home that is not covered by liability insurance to sign a written statement, instead of an affidavit, provided by the licensee of the type A family day-care home or the provider of the type B family day-care home stating that the family day-care home does not carry liability insurance.</div> <div>Fiscal effect: None.</div>	<div>R.C. 5104.041</div> <div>Same as the House.</div> <div>Fiscal effect: Same as the House.</div>
9	JFS - 83	Publicly Funded Child Care Reimbursements	<div>R.C. 5104.42, 5104.30, 5104.32, 5104.341, 5104.35, and 5104.39, and Section 309.40.60</div> <div>No provision.</div> <div>Permits the Director of ODJFS to adopt rules that establish a different system for the payment of publicly funded child care.</div> <div>No provision.</div> <div>Eliminates the requirement that county departments of job and family services specify the maximum number of days providers of publicly funded child care will be provided certificates of payment for days the provider would have provided publicly funded child care had the child been present.</div> <div>No provision.</div> <div>Eliminates the requirement that county departments of job and family services automatically review the fee paid by a caretaker parent for publicly funded child-care every six months, and instead requires county departments of job and family services to adjust the fee if the parent reports changes</div>	<div>No provision.</div> <div>No provision.</div> <div>No provision.</div>

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and Financial Institutions**

in income, family size, or both.

Fiscal effect: Minimal decrease in county administrative costs to review fees.

Child Support Enforcement

11 JFS - 50 Office of Child Support Requests for Medical Insurance Information

R.C. 3119.371

Defines "health insurance provider," for the purposes of this provision, as (1) a person authorized to engage in the business of sickness and accident insurance, (2) a person or government entity providing coverage for medical services or items to individuals on a self-insurance basis, (3) a health insuring corporation, (4) a group health plan, (5) any organization, business, or association described in 42 U.S.C. 1396a(a)(25), or (6) a managed care organization.

Defines "information," for the purposes of this provision, as (1) an individual's name, address, date of birth, and Social Security number, (2) the group or plan number or other identifier assigned by a health insurance provider to a policy held by an individual or a plan in which the individual participates and the nature of the coverage, and (3) any other data specified by the ODJFS Director in rule.

R.C. 3119.371

Same as the Executive.

Same as the Executive.

R.C. 3119.371

Same as the Executive.

Same as the Executive.

Department of Job and Family Services			Main Operating Appropriations Bill		H. B. 1
Executive			As Passed by the House		As Reported by Senate Finance and Financial Institutions
Requires health insurance providers to send information to the Office of Child Support in ODJFS identifying policy holders and policy information upon request.			Same as the Executive.		Same as the Executive.
Fiscal effect: Potential savings for ODJFS as this provision enables the Office of Ohio Health Plans to share certain information it receives with the Office of Child Support.			Fiscal effect: Same as the Executive.		Fiscal effect: Same as the Executive.
12	JFS - 106	Issuance of Income Withholding Notices			
No provision.			No provision.		R.C. 3121.03, 3121.035 Authorizes a court or child support enforcement agency to issue a child support withholding or deduction notice to required persons by secure electronic format instead of regular mail. Fiscal effect: Potential savings to ODJFS.
13	JFS - 48	Mandatory Electronic Remittance of Child Support by Certain Payors			
R.C. 3121.19, 3121.037, 3121.0311, and 3121.20 Requires payors who submit combined child support payments to provide the individual case numbers from the income withholding or deduction notice. Requires employers with more than 50 employees to send child support by electronic means.			R.C. 3121.19, 3121.037, 3121.0311, and 3121.20 Same as the Executive.		R.C. 3121.19, 3121.037, 3121.0311, and 3121.20 Same as the Executive.
Fiscal effect: Potential savings to ODJFS to receive child support payments electronically.			Fiscal effect: Same as the Executive.		Fiscal effect: Same as the Executive.

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JFS - 49

Waiver and Compromise of Assigned Child Support Arrearages

R.C. 3125.25 Requires the ODJFS Director to adopt rules for the compromise and waiver of child support arrearages owed to the state and federal governments, consistent with the federal Title IV-D program. Fiscal effect: ODJFS may experience additional administrative costs associated with the adoption of rules.	R.C. 3125.25 Same as the Executive. Fiscal effect: Same as the Executive.	R.C. 3125.25 Same as the Executive. Fiscal effect: Same as the Executive.
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Child Welfare and Adoption

15

JFS - 55

Alternative Response

Section: 309.40.40 Requires ODJFS to implement, oversee, and evaluate an 18-month pilot program based on the "Alternative Response" approach to reports of child abuse, neglect, and dependency. Requires the pilot program to be implemented in not more than ten counties selected by ODJFS that agree to participate in the program. Requires ODJFS to assure that the Alternative Response pilot program is independently evaluated with respect to outcomes for children and families, costs, worker satisfaction, and any other criteria determined by ODJFS to be useful in the consideration of the statewide implementation of Alternative Response. Allows ODJFS to expand the Alternative Response approach statewide at any point during, or at the conclusion of the pilot	Section: 309.45.10 Same as the Executive. Same as the Executive. Replaces the Executive provision with a provision that allows ODJFS to expand the Alternative Response approach	Section: 309.45.10 Same as the Executive. Same as the Executive. Same as the House.
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Executive			As Passed by the House	As Reported by Senate Finance and Financial Institutions
period and requires ODJFS to seek statutory framework for the Alternative Response approach to child protection if the independent evaluation recommends statewide implementation.			statewide through a schedule determined by ODJFS if the independent evaluation of the pilot program recommends statewide implementation.	
No provision.			Permits ODJFS to adopt rules as if they were internal management rules, as necessary to carry out the purposes of the Alternative Response Pilot Program.	Same as the House.
No provision.			No provision.	Requires ODJFS to adopt rules through JCARR prior to statewide implementation of the Alternative Response approach.
Fiscal effect: ODJFS began implementation of the Alternative Response Pilot Program in July 2008. In the FY 2010-FY 2011 biennium, ODJFS will experience costs associated with contracting for an independent evaluation.			Fiscal effect: Same as the Executive.	Fiscal effect: Same as the Executive, but with additional minimal costs to adopt rules prior to statewide implementation.
16	JFS - 98	Independent Living Services		
No provision.			Section: 309.45.15 Earmarks \$1,500,000 in each fiscal year of GRF appropriation item 600523, Children and Family Services, for independent living services to foster youth and former foster youth between 16 and 21 years of age.	Section: 309.45.15 Same as the House.
17	JFS - 123	Adoption Assistance Loan		
No provision.			No provision.	Section: 309.45.25 Allows ODJFS to use up to 10% of appropriation item 600634, Adoption Assistance Loan, for administration of loans to prospective adoptive parents.

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and Financial Institutions**

Title IV-A Temporary Assistance for Needy Families

18 JFS - 18 Fraudulent Assistance

R.C. 5101.83

Ends a prohibition against an assistance group's participation in the Prevention, Retention, and Contingency program until a member repays the cost of fraudulent assistance that a county director of job and family services determines the assistance group received.

Provides that the prohibition applies only to fraudulent cash assistance received under the Ohio Works First program rather than any fraudulent assistance or services received under that program.

Fiscal effect: Potential minimal increase in TANF expenditures from county allocations, as these individuals could potentially receive PRC services that under current law, they are otherwise ineligible to receive.

R.C. 5101.83

Same as the Executive.

Same as the Executive.

Fiscal effect: Same as the Executive.

No provision.

No provision.

19 JFS - 4 Felony Drug Conviction Not a Bar to TANF Program

R.C. 5101.84

Provides that an individual is not to be denied aid under any TANF program (rather than just the Ohio Works First or Prevention, Retention, and Contingency programs) on the basis of having been convicted of a felony offense that has as an element the possession, use, or distribution of a controlled substance.

R.C. **5101.84**

Same as the Executive.

No provision.

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Fiscal effect: This provision would allow such individuals to be eligible for other programs supervised by ODJFS that are funded with TANF funds. This may include publicly funded child care, as well as other TANF-funded programs that ODJFS may establish. This could result in a minimal increase in TANF expenditures.

Fiscal effect: Same as the Executive.

20	JFS - 1	Ohio Works First Sanctions			
R.C.	5107.16, 5107.05, 5107.17, 5111.01		R.C.	5107.16, 5107.05, 5107.17, 5111.01	R.C. 5107.16, 5107.05, 5107.17, 5111.01
Requires ODJFS to provide an Ohio Works First assistance group member, who causes a sanction, a compliance form the member may complete to indicate willingness to come into full compliance with a provision of a self-sufficiency contract.			Same as the Executive.		Same as the Executive.
Reenacts prior law that provides for a sanction under the Ohio Works First Program to continue for the longer of one to six months (depending on the number of previous sanctions) and the date the failure or refusal to comply with a self-sufficiency contract ceases.			Same as the Executive.		Same as the Executive.
Provides that an Ohio Works First member's failure or refusal to comply in full with a provision of a self-sufficiency contract is deemed to have ceased on the date a county department of job and family services receives the compliance form from the member if the compliance form is completed and provided to the county department in the manner specified in ODJFS's rules.			Same as the Executive.		Same as the Executive.
Provides that an Ohio Works First assistance group must reapply to participate in Ohio Works First before resuming participation following a sanction if a county department does not receive the compliance form within a period of time			Same as the Executive.		Same as the Executive.

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specified in ODJFS rules.				
Fiscal effect: This provision will standardize sanctions across all counties.			Fiscal effect: Same as the Executive.	Fiscal effect: Same as the Executive.
21	JFS - 88	Economic and Community Development Institute		
			Section: 309.40.35	
No provision.			Earmarks \$325,000 of GRF appropriation item 600410, TANF State, in each fiscal year for the Economic and Community Development Institute.	No provision.
22	JFS - 31	Child Support Collections/TANF MOE		
Section: 309.40.50			Section: 309.40.50	Section: 309.40.50
Requires that GSF Fund 4A80 appropriation item 600658, Child Support Collections, be used by ODJFS to meet the TANF maintenance of effort (MOE) requirements.			Same as the Executive.	Same as the Executive.
Specifies that once the state is assured that it will meet the MOE requirements, ODJFS may use the funds from the appropriation item to support public assistance activities.			Same as the Executive.	Same as the Executive.
Fiscal effect: Persons receiving child support and OWF cash assistance are required to assign ODJFS to receive their child support payments to cover part of their cash assistance benefits. These funds are deposited into GSF Fund 4A80 and expended through appropriation item 600658. ODJFS plans to use \$23 million in each fiscal year to meet the state's TANF MOE requirements.			Fiscal effect: Same as the Executive.	Fiscal effect: Same as the Executive.

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Medicaid

23	JFS - 7	Inflation Adjustments Used in ICF/MR Rates		
<p>R.C. 5111.23, 5111.235, 5111.241, 5111.251</p> <p>Removes from statute specific inflation measuring systems used in determining the Medicaid rates for the direct, indirect, capital, and other protected costs of ICFs/MR and provides instead for the ODJFS Director to specify in rules the inflation measuring systems or inflation factors to be used in those cases.</p> <p>Removes from statute a requirement that the difference between the actual and estimated inflation rate used in determining the Medicaid rates for an ICF/MR for a fiscal year be added to or subtracted from the inflation rate estimated for the following fiscal year.</p> <p>Fiscal effect: This provision could have a fiscal impact on the state. The impact will depend on the inflation measuring systems for nursing facilities and ICFs/MR that ODJFS is to specify in rules and the difference between the actual and estimated inflation rate.</p>			No provision.	No provision.
			No provision.	No provision.

Executive		As Passed by the House	As Reported by Senate Finance and Financial Institutions
24	JFS - 20	Disqualifying Offenses -- Medicaid Providers and Home and Community Waiver Services Providers	
R.C.	109.572, 5111.032, 5111.033, 5111.034	R.C. 109.572, 109.572, 5111.032, 5111.033, 5111.034	R.C. 109.572, 109.572, 5111.032, 5111.033, 5111.034
Adds to the offenses that disqualify a person from being a Medicaid provider or employed by a Medicaid provider, applies the same disqualifying offenses to a provider of home and community-based waiver services and any of its employees, and includes the following among the additional disqualifying offenses: cruelty to animals, permitting child abuse, menacing, arson, and a violation of any municipal ordinance that is substantially equivalent to the new or existing disqualifying offenses.		Same as the Executive.	Same as the Executive.
No provision.		Specifies that the date a person was convicted of, entered a guilty plea for, or was found eligible for intervention in lieu of conviction for an offense that disqualifies the person from being a Medicaid provider, provider of home and community-based services, or an employee of such providers is irrelevant for purposes of determining the person's eligibility to be a provider or employee.	Same as the House.
Fiscal effect: None.		Fiscal effect: Same as the Executive.	Fiscal effect: Same as the Executive.

Executive			As Passed by the House	As Reported by Senate Finance and Financial Institutions
25	JFS - 9	Nursing Home Franchise Permit Fee		
R.C.	3721.51, 3721.56		R.C. 3721.51, 3721.50, 3721.511, 3721.512, 3721.513, 3721.53, 3721.55, 3721.56	R.C. 3721.51, 3721.50, 3721.511, 3721.512, 3721.513, 3721.53, 3721.55, 3721.56
Increases the franchise permit fee on nursing home beds and hospitals' long-term care beds from \$6.25 per day to \$11.00 per day.			Same as the Executive.	Replaces the Executive provision with a provision that changes the amount of the franchise permit fee to an amount determined by a formula rather than an express dollar amount. In addition, increases the franchise permit fee on nursing home beds and hospitals' long-term care beds from \$11.00 per day to \$11.70 per day.
No provision.			Requires ODJFS to seek a federal waiver to (1) reduce the nursing home franchise permit fee to zero dollars for each nursing home that is exempt from state and federal taxation, does not participate in Medicaid or Medicare, and provides services for the life of each resident without regard to the resident's ability to secure payment for the services and (2) reduce, for each nursing facility with more than 200 Medicaid-certified beds, the franchise permit fee for a number of the facility's beds specified by ODJFS to the amount necessary to obtain approval of the waiver.	Same as the House, but requires ODJFS to include in the federal waiver request a provision to reduce the franchise permit fee to zero for nursing homes that have an affiliation agreement with a university for education and research related to Alzheimer's disease and meet certain other requirements.
No provision.			Permits ODJFS to increase uniformly the franchise permit fee for each nursing home and hospital not qualifying for a reduction to an amount that will have the franchise permit fee raise an amount of money that does not exceed the amount that would be raised if not for the waiver.	Same as the House.
Revises how the money generated by the franchise permit fee is to be deposited into certain funds by providing for SSR Fund 4J50, Home and Community-Based Services for the Aged, to receive 9.09% of the money and for SSR Fund 5R20, Nursing Facility Stabilization, to receive 90.91%.			Same as the Executive.	Same as the Executive, but provides for SSR Fund 4J50, Home and Community-Based Services for the Aged, to receive 8.55% of the money and for SSR Fund 5R20, Nursing Facility Stabilization, to receive 91.45%.

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Fiscal effect: The executive estimates the increase in the fee will generate \$122.2 million in FY 2010 and \$162.9 million in FY 2011.

Fiscal effect: Same as the Executive.

Fiscal effect: The increase in the fee will generate \$18.0 million in FY 2010 and \$24.0 million in FY 2011.

26

JFS - 62

Medicaid Managed Care Prompt Payment

R.C. 3901.3814, 3901.38, 3901.383, 3901.3815, Repealed: R.C. 5111.178

No provision.

Applies Ohio's prompt payment law (which establishes timeframes for paying health insurance claims) to Medicaid managed care organizations.

No provision.

No provision.

Repeals a provision requiring the ODJFS Director to determine whether a waiver of federal Medicaid requirements is necessary in order to apply the prompt payment law to Medicaid managed care organizations.

No provision.

Fiscal effect: Potential increase in expenditures for the Department of Insurance to monitor compliance with prompt pay requirements.

27

JFS - 14

Third Party Liability - Prior Authorization

R.C. 5101.573

Requires a third party against which ODJFS has a right of recovery for payment of a medical item or service provided to a Medicaid recipient to do the following: (1) consider ODJFS's payment to be the equivalent of the recipient having obtained prior authorization for the item or service from the third party and (2) not deny a claim solely on the basis of the Medicaid recipient's failure to obtain prior authorization from the third party.

R.C. 5101.573

Same as the Executive.

R.C. 5101.573

Same as the Executive.

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Executive			As Passed by the House	As Reported by Senate Finance and Financial Institutions
Fiscal effect: By enhancing the state's ability to recover payments from liable third parties for certain claims, the state may realize cost savings in the Medicaid Program.			Fiscal effect: Same as the Executive.	Fiscal effect: Same as the Executive.
28	JFS - 107	Medicaid Coverage of Optional Groups and Services		
No provision.			No provision.	R.C. <i>5111.01, 5111.0211</i> Prohibits the Medicaid Program from covering a group of persons or a service designated by federal law as a group or service that a state, at its option, may cover under its Medicaid Program unless the Medicaid Program covers the group or service on the effective date of this provision of the bill or Ohio law enacted after that date expressly authorizes the Medicaid Program to cover the group or service. Fiscal effect: None.
29	JFS - 87	Annual Medicaid Eligibility Redeterminations for Parents		
No provision.			R.C. <i>5111.0121, 5111.0120</i> Provides that a parent who qualifies for Medicaid due to family income not exceeding 90% of the federal poverty guidelines is not required to undergo an eligibility redetermination for Medicaid more often than once every 12 months unless there are reasonable grounds to believe that circumstances have changed that may affect the parent's eligibility. Fiscal effect: None.	R.C. <i>5111.0121, 5111.0120</i> Same as the House, but instead of statewide implementation, permits a county department of job and family services to implement the policy subject to the state receiving any needed federal Medicaid waiver. Fiscal effect: Same as the House.

Executive			As Passed by the House	As Reported by Senate Finance and Financial Institutions
30	JFS - 114	Prior Authorization for High-Technology Radiological Services		
	No provision.		No provision.	<div>R.C. 5111.0210</div> <div>Prohibits ODJFS and Medicaid managed care organizations from reimbursing a provider for providing a high-technology radiological service to a Medicaid recipient unless the service is prior authorized in accordance with rules.</div>
	No provision.		No provision.	<div>Provides that the prior authorization requirement does not apply if the high-technology radiological service is needed due to a documented, medical emergency or used as part of mammography screening or cytological screening covered by Medicaid.</div> <div>Fiscal effect: Potential savings to the Medicaid Program for not reimbursing a provider for providing a high-technology radiological service without prior authorization.</div>
31	JFS - 126	Funding of Medicaid-Covered Community Behavioral Health Services		
	No provision.		No provision.	<div>R.C. 5111.023, 5111.912, 5111.913</div> <div>Provides that a community behavioral health board is (1) required to use state funds provided to the board for the purpose of funding community behavioral health services to pay a provider for services under a Medicaid component ODMH or ODADAS administers and (2) permitted to use money raised by a county tax levy to make the payment if using the money for that purpose is consistent with the purpose for which the tax was levied.</div>

Department of Job and Family Services			Main Operating Appropriations Bill		H. B. 1
Executive			As Passed by the House		As Reported by Senate Finance and Financial Institutions
No provision.			No provision.		Provides that the comprehensive annual plan is permitted, rather than required, to certify the availability of unencumbered community mental health local funds to match Medicaid reimbursement funds earned by community mental health facilities. Fiscal effect: None.
32	JFS - 67	Time-Limited Medicaid Provider Agreements			
No provision.			R.C. 5111.028	R.C. 5111.028	
			Modifies the law regarding time-limited Medicaid provider agreements by (1) extending the phase-in period to January 1, 2015 (from January 1, 2011), (2) extending the duration of time-limited agreements to seven years (from three), and (3) exempting hospitals from the requirement that provider agreements be time-limited.		Same as the House.
			Fiscal effect: May reduce ODJFS administrative costs.		Fiscal effect: Same as the House.
33	JFS - 101	Surety Bond for Medicaid Providers			
No provision.			No provision.		R.C. 5111.035
					Requires each Medicaid provider selected by ODJFS to give a surety bond against the risk of fraud, and requires ODJFS to apply the bond requirement to each Medicaid provider investigated for any criminal offense of fraud.
					Fiscal effect: A surety bond would reimburse the state for Medicaid expenditures made due to fraud.

Executive		As Passed by the House	As Reported by Senate Finance and Financial Institutions
34	JFS - 8	Administrative Actions Relative to Medicaid Provider Agreements	
R.C.	5111.06	R.C. 5111.06	R.C. 5111.06
Provides that ODJFS is not required to issue an order pursuant to an adjudication conducted in accordance with the Administrative Procedure Act when (1) denying, terminating, or not renewing a Medicaid provider agreement because a provider's owner, officer, authorized agent, associate, manager, or employee has been convicted of an offense that caused the provider agreement to be suspended, (2) terminating or not renewing a Medicaid provider agreement because the provider has not billed or otherwise submitted a Medicaid claim to ODJFS for at least two years, regardless of whether ODJFS has determined that the provider has moved from the address on record with ODJFS without leaving an active forwarding address, or (3) denying, terminating, or not renewing a Medicaid provider agreement because the provider fails to provide to ODJFS the National Provider Identifier assigned to the provider.		Same as the Executive, but when action is taken against a provider for failing to give its National Provider Identifier to ODJFS, requires ODJFS to send a notice by certified mail rather than regular mail.	Same as the Executive.
Fiscal effect: None.		Fiscal effect: Potential increase in mailing costs.	Fiscal effect: Same as the Executive.

Department of Job and Family Services			Main Operating Appropriations Bill	H. B. 1
Executive			As Passed by the House	As Reported by Senate Finance and Financial Institutions
35	JFS - 130	Special Dispensing Fee and Reimbursement Rate for Certain 340B Drugs		
	No provision.	No provision.		<p>R.C. 5111.071, 5111.085</p> <p>Requires the ODJFS Director to pay a dispensing fee of \$12 to a Medicaid pharmacist-provider (rather than the dispensing fee established by the ODJFS Director on a biennial basis (currently \$3.70)) if (1) the prescription was filled for a Medicaid recipient who received the prescription while being treated by a licensed health care professional who is an employee or agent of, or volunteer for, an organization that participates in the federal 340B Drug Pricing Program, and (2) the per unit price that the organization paid to acquire the drug from the drug's manufacturer is \$20 or more.</p>
	No provision.	No provision.		<p>Requires the ODJFS Director to reimburse a pharmacy for each prescription filled under the conditions described above an amount that equals the product of (1) the per unit price the 340B participating organization paid to acquire the drug from the manufacturer, and (2) the total number of units of the drug dispensed.</p> <p>Fiscal effect: Cost savings from paying organizations that participate in the federal 340B Drug Pricing Program a reduced payment for prescription drugs (partially offset by increase in the dispensing fee) based on their relatively lower costs of acquiring prescription drugs through the 340B Program (generally 25%-30% lower than Medicaid). Increase in administrative costs associated with developing a method for processing and adjudicated claims from these organizations according to the specified criteria.</p>

Executive			As Passed by the House	As Reported by Senate Finance and Financial Institutions
36	JFS - 17	Medicaid E-Prescribing System		
R.C.	5111.083	Repeals law that expressly permits the ODJFS Director to establish an e-prescribing system for the Medicaid Program.	R.C. 5111.083 Same as the Executive.	R.C. 5111.083 Replaces the Executive provision with a provision that requires the ODJFS Director to establish the e-prescribing system.
Fiscal effect: This provision removes the requirement for e-prescribing from the law. However, beginning March 2009, ODJFS will begin offering, on a voluntary basis, e-prescribing to all Medicaid providers who prescribe or dispense prescription medications within the traditional fee-for-service Medicaid system.			Fiscal effect: Same as the Executive.	Fiscal effect: By making e-prescribing mandatory the state could experience additional savings in the millions of dollars.
37	JFS - 102	Pharmacy and Therapeutics Committee		
No provision.			No provision.	R.C. 5111.084 Requires ODJFS's existing Pharmacy and Therapeutics Committee to assist ODJFS with developing and maintaining a preferred drug list for the Medicaid Program.
No provision.			No provision.	Modifies the administration and membership of the Committee.
No provision.			No provision.	Requires ODJFS to post Committee guidelines, agendas, and recommendations, and any determinations made by the ODJFS Director, on the ODJFS web site.
				Fiscal effect: The Departments may realize a minimal increase in administrative costs.

Executive			As Passed by the House	As Reported by Senate Finance and Financial Institutions
38	JFS - 103	Medicaid Fraud, Waste, and Abuse Report	No provision.	<div>R.C. 5111.092</div> <div>Requires ODJFS to prepare an annual Medicaid fraud, waste, and abuse report in collaboration with fraud and investigative personnel from the Attorney General's office, State Auditor's office, and other state and local agencies that administer Medicaid services.</div> <div>Fiscal effect: The agencies will incur a minimal increase in administrative costs to produce the report.</div>
39	JFS - 112	Local Reports on Medicaid Expenditures	No provision.	<div>R.C. 5111.093</div> <div>Requires local agencies administering parts of the Medicaid program to report annually to ODJFS and the Office of Budget and Management regarding Medicaid expenditures.</div> <div>Fiscal effect: Increases reporting costs for local agencies.</div>
40	JFS - 110	Medicaid Disease Management Program	No provision.	<div>R.C. 5111.141</div> <div>Requires ODJFS to establish a disease management program for Medicaid recipients, other than Medicaid recipients participating in the Medicaid managed care program, and permits ODJFS to implement the disease management program as part of the bill's alternative care management program.</div>

Executive			As Passed by the House	As Reported by Senate Finance and Financial Institutions
				Fiscal effect: May result in an increase or decrease in Medicaid costs depending on the design of the disease management program.
41	JFS - 111	Medicaid Case Management Program		
No provision.			No provision.	R.C. 5111.142 Requires ODJFS to (1) conduct a review of case management services provided under the fee-for-service component of the Medicaid Program and (2) designate individuals who are ineligible to participate in the Medicaid managed care program as participants in an alternative care management model included in the bill's alternative care management program. Fiscal effect: May result in an increase or decrease in Medicaid costs depending on the design of the case management program.

Executive			As Passed by the House	As Reported by Senate Finance and Financial Institutions
42	JFS - 19	Medicaid Managed Care Reimbursement Rate for Noncontracting Hospitals		
R.C. 5111.162				
Revises the requirement that a hospital not under contract with a Medicaid managed care organization (MCO) provide services to Medicaid recipients enrolled in the MCO and accept from the MCO, as payment in full, the amount that would have been paid under the Medicaid fee-for-service system by: (1) requiring that medically necessary services be provided whenever authorized by the MCO, rather than only on referral, (2) extending the fee-for-service reimbursement rate to other types of noncontracting providers in a hospital system, including physicians, and (3) eliminating the exemption that applies to any hospital that had a contract with at least one MCO before January 1, 2006, and has retained one such contract.			No provision.	No provision.
Fiscal effect: Indirect. The state pays MCO's a monthly capitated rate for the provision of services for Medicaid recipients. This provision governs the payments by MCO's to hospital systems. Any change in payments may, or may not, impact future capitation rates paid by the state to MCO's. The Executive budget assumes savings of \$35.1 million in FY 2010 and \$110.5 million in FY 2011 (\$9.5 million state share in FY 2010 and \$34.9 million in FY 2011).				

Executive			As Passed by the House	As Reported by Senate Finance and Financial Institutions
43	JFS - 104	Medicaid Alternative Care Management Program		
No provision.			No provision.	R.C. 5111.165, 5111.16 Requires ODJFS to implement an Alternative Care Management Program and provides that the Program is separate from the existing Medicaid Care Management System.
No provision.			No provision.	Requires ODJFS to evaluate the effectiveness of each model created under the Alternative Care Management Program and to maintain certain statistics on each model. Fiscal effect: May result in an increase or decrease in Medicaid costs depending on the design of the Medicaid Care management system. The Departments may realize a minimal increase in administrative costs for evaluating the effectiveness of the system.
44	JFS - 15	Medicaid Health Insuring Corporation Franchise Permit Fee		
R.C. 5111.176 Terminates the assessment of a franchise permit fee on Medicaid health insuring corporations after the third quarter of calendar year 2009. Fiscal effect: The executive estimates the state will lose \$520 million in revenue annually.			R.C. 5111.176 Same as the Executive. Fiscal effect: Same as the Executive.	R.C. 5111.176 Same as the Executive. Fiscal effect: Same as the Executive.

Executive			As Passed by the House	As Reported by Senate Finance and Financial Institutions
45	JFS - 118	Future Nursing Facility Medicaid Rate Adjustments		
No provision.		No provision.		<div>R.C. 5111.222</div> <div>Requires ODJFS, beginning in FY 2013, to adjust nursing facilities' total Medicaid rates annually by the market basket index used in calculating skilled nursing facilities' Medicare rates.</div> <div>Fiscal effect: Increases future Medicaid costs based on the market basket index.</div>
46	JFS - 116	Inflation Adjustments Used in Nursing Facility Rates		
<div>R.C. 5111.231, 5111.24</div> <div>Removes from statute specific indexes used to measure inflation for purposes of determining the Medicaid rates for nursing facilities' direct care and ancillary and support costs and provides instead for the ODJFS Director to specify in rules the inflation measuring systems or inflation factors to be used in those cases.</div>		Same as the Executive.		<div>R.C. 5111.231, 5111.24</div> <div>Replaces the Executive provision with a provision that requires that successor indexes published by the United States Bureau of Labor Statistics be used if the indexes specified by current law cease to be published.</div> <div>Fiscal effect: Increases future Medicaid costs based on inflation.</div>

Executive			As Passed by the House	As Reported by Senate Finance and Financial Institutions
47	JFS - 117	Adjustments to Direct Care and Ancillary and Support Rates		
No provision.			No provision.	<div>R.C. 5111.231, 5111.24</div> <div>Revises the law governing nursing facilities' Medicaid rates for direct care costs by (1) using the nursing facility in each peer group that is at the median, rather than the 25th percentile, of the cost per case-mix unit in a certain calculation and (2) changing the percentage used in that calculation.</div>
No provision.			No provision.	<div>Revises the law governing nursing facilities' Medicaid rates for ancillary and support costs by changing, beginning with FY year 2012, (1) the percentile used in determining which nursing facility in each peer group is to be used in a certain calculation and (2) the percentage used in that calculation.</div>
No provision.			No provision.	<div>Requires ODJFS to use various factors from calendar year 2003 in determining nursing facilities' rates for direct care and ancillary and support costs until FY 2015 rates are calculated.</div> <div>Fiscal effect: The provisions "FY 2010 Medicaid Reimbursement Rate for Nursing Facilities", "FY 2011 Medicaid Reimbursement Rate for Nursing Facilities", and "Adjustments to Direct Care and Ancillary and Support Rates" will increase Medicaid costs by an estimated \$67.2 million in FY 2010 and \$76.1 million in FY 2011 (\$18.0 million state share in FY 2010 and \$24.0 million in FY 2011).</div>

Executive		As Passed by the House	As Reported by Senate Finance and Financial Institutions
48	JFS - 2	Deadline for Nursing Facility to Submit Corrections	
R.C. 5111.232		R.C. 5111.232	R.C. 5111.232
Revises the deadline for a nursing facility to submit corrections to assessment information by providing that ODJFS may not assign a quarterly average case-mix score due to late submission of the corrections unless the nursing facility fails to submit the corrections before the earlier of (1) the 46th (rather than 81st) day after the end of the calendar quarter to which the information pertains or (2) the deadline established by federal Medicare and Medicaid regulations.		Same as the Executive.	Same as the Executive.
Fiscal effect: None.		Fiscal effect: Same as the Executive.	Fiscal effect: Same as the Executive.
49	JFS - 122	ICF/MR Off-Site Day Programming	
No provision.		No provision.	R.C. 5111.233
			Requires, for purpose of Medicaid reimbursement, that the costs of day programming be part of the direct care costs of an ICF/MR as off-site day programming if the area in which the day programming is provided is not certified as an ICF/MR and regardless of whether (1) the area in which the day programming is provided is less than 200 feet away from the ICF/MR or (2) the provider of the day programming is a related party to the ICF/MR.
			Fiscal effect: Potential increase in direct care costs.

Executive			As Passed by the House	As Reported by Senate Finance and Financial Institutions
50	JFS - 92	Medicaid Coverage of Oxygen Services to ICF/MR Residents	<div>R.C. 5111.236</div> <div>No provision.</div> <div>No provision.</div> <div>Fiscal effect: ODJFS projects a cost of \$297,528 per year. This is based on the assumption that about half of the 328 children who are currently served in ICFs/MR might be eligible under this provision.</div>	<div>R.C. 5111.236</div> <div>Same as the House.</div> <div>Same as the House.</div> <div>Fiscal effect: Same as the House.</div>
51	JFS - 77	Nursing Facilities' Medicaid Rates for Capital Costs	<div>R.C. 5111.25, 5111.222</div> <div>No provision.</div> <div>Provides that a nursing facility's Medicaid rate for capital costs cannot be less than the sum of (1) the capital costs portion of its FY 2005 rate or, if it did not have a FY 2005 Medicaid rate, its initial Medicaid rate for capital costs and (2) any capital compensation per diem for which it qualified during the first three quarters of FY 2008.</div>	<div>R.C. 5111.25, 5111.222</div> <div>Same as the House.</div>

Executive			As Passed by the House	As Reported by Senate Finance and Financial Institutions
			Fiscal effect: The provisions "FY 2010 Medicaid Reimbursement Rate for Nursing Facilities", "FY 2011 Medicaid Reimbursement Rate for Nursing Facilities", and "Nursing Facilities' Medcaid Rates for Capital Costs" will increase Medicaid costs by an estimated \$56.4 million or more in FY 2010 and \$177.3 million or more in FY 2011 (\$15.6 million state share in FY 2010 and \$57.0 million in FY 2011).	Fiscal effect: Same as the House.
52	JFS - 3	Limits on Costs of Outside ICF/MR Resident Meals		
R.C. 5111.261			R.C. 5111.261	R.C. 5111.261
Eliminates ODJFS's authorization to place limits on the costs for resident meals prepared and consumed outside an ICF/MR when determining whether an ICF/MR's direct care and indirect care costs are allowable.			Same as the Executive.	Same as the Executive.
Fiscal effect: Removing ODJFS' authorization to place limits on certain costs could increase state Medicaid costs for ICFs/MR. A portion of the increased costs may be reimbursed by the federal government.			Fiscal effect: Same as the Executive.	Fiscal effect: Same as the Executive.

Executive

As Passed by the House

As Reported by Senate Finance and Financial Institutions

53	JFS - 124	Collection of Long-Term Care Facilities' Medicaid Debts	
No provision.	No provision.	<div>R.C. 5111.65, 5111.68, 5111.681, 5111.685, 5111.686, 5111.689</div> <div>Revises the law governing the collection of a long-term care facility's Medicaid debts when the facility undergoes a change of operator, closes, or ceases to participate in Medicaid, including by (1) permitting rather than requiring ODJFS to withhold an amount from a Medicaid payment to a facility, (2) providing for a withholding to equal the total amount specified in a notice regarding the facility's estimated Medicaid debts rather than the greater of (a) the total amount of the facility's actual and potential Medicaid debts and (b) an amount equal to the average amount of monthly Medicaid payments to the facility for a 12-month period, (3) prohibiting ODJFS from making the withholding if an entering operator or qualified affiliated operator assumes liability for the entire amount of the facility's estimated Medicaid debts, (4) requiring ODJFS to reduce the amount to be withheld if an entering operator or qualified affiliated operator assumes liability for the portion of the facility's estimated Medicaid debts that represents the nursing home or ICF/MR franchise permit fee, (5) reducing from 90 to 60 the number of days ODJFS has to determine a facility's actual Medicaid debts following the date the facility files a cost report or ODJFS waives the cost report, (6) establishing a process for a facility or qualified affiliated operator to request an informal settlement conference regarding ODJFS's determination of the facility's actual Medicaid debts, (7) permitting a qualified affiliated operator who executes a successor liability agreement (in addition to the exiting operator) to request an adjudication under the</div>	

Executive		As Passed by the House	As Reported by Senate Finance and Financial Institutions
			Administrative Procedure Act regarding ODJFS's determination of the facility's actual Medicaid debts and providing that any part of ODJFS's determination is subject to the adjudication, and (8) revising the timeframes for ODJFS to release a withholding. Fiscal effect: May reduce debt revenue.
54	JFS - 12	Funds Withheld During Medicaid Debt Collection Process	
R.C. 5111.688, 5111.65, 5111.651, 5111.689, 5111.874, 5111.875		R.C. 5111.688, 5111.65, 5111.651, 5111.689, 5111.874, 5111.875	R.C. 5111.688, 5111.65, 5111.651, 5111.689, 5111.874, 5111.875
Establishes GSF Fund 5FX0, Exiting Operator Fund.		No provision.	No provision.
Provides for money withheld from a nursing facility or ICF/MR undergoing a change of operator, facility closure, voluntary termination, or voluntary withdrawal of participation for purposes of collecting debts the facility owes the Medicaid Program to be temporarily deposited in the Exiting Operator Fund.		Same as the Executive, but provides for such money to be temporarily deposited into the existing Medicaid Payment Withholding Fund.	Same as the House.
Fiscal effect: None. This provision allows ODJFS to maintain a distinct fund for Medicaid nursing facility or ICF/MR provider payment withholding. It is an accounting change and thus has no fiscal impact on the state.		Fiscal effect: Same as the Executive.	Fiscal effect: Same as the Executive.

Executive

As Passed by the House

As Reported by Senate Finance and Financial Institutions

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JFS - 16

Home First Rules for Home and Community-Based Services

<div>R.C.5111.85, 5111.705, 5111.851</div> <div>Permits the ODJFS Director to adopt rules establishing procedures for (1) identifying individuals who are eligible and on a waiting list for a Medicaid waiver program that provides home and community-based services; are receiving inpatient hospital services or residing in an ICF/MR or nursing facility; and choose to be enrolled in the waiver program and (2) approving such individuals' enrollment in the waiver program.</div> <div>Fiscal effect: The provision may result in a savings to the Medicaid Program to the extent to which individuals admitting to nursing facilities or ICFs/MR enroll in Home First, which is less expensive. However, the savings to Medicaid would depend on the number of individuals leaving nursing facilities or ICFs/MR and the individual's needs, which cannot be estimated at this time.</div>	<div>R.C.5111.85, 5111.705, 5111.851</div> <div>Same as the Executive.</div> <div>Fiscal effect: Same as the Executive.</div>	<div>R.C.5111.85, 5111.705, 5111.851</div> <div>Same as the Executive.</div> <div>Fiscal effect: Same as the Executive.</div>
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JFS - 13

Home Care Attendant Services

<div>R.C.5111.88, 5111.881, 5111.882, 5111.883, 5111.884, 5111.885, 5111.886, 5111.887, 5111.888, 5111.889, 5111.8810, 5111.8811</div> <div>Permits the ODJFS Director to seek federal approval to have the Ohio Home Care Medicaid waiver program and the Ohio Transitions II Aging Carve-Out Medicaid waiver program cover home care attendant services.</div> <div>Establishes requirements an individual must meet to be able to provide home care attendant services under either of the Medicaid waiver programs.</div>	<div>R.C.5111.88, 5111.881, 5111.882, 5111.883, 5111.884, 5111.885, 5111.886, 5111.887, 5111.888, 5111.889, 5111.8810, 5111.8811</div> <div>Same as the Executive.</div> <div>Same as the Executive.</div>	<div>R.C.5111.88, 5111.881, 5111.882, 5111.883, 5111.884, 5111.885, 5111.886, 5111.887, 5111.888, 5111.889, 5111.8810, 5111.8811</div> <div>Same as the Executive.</div> <div>Same as the Executive.</div>
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Executive

As Passed by the House

As Reported by Senate Finance and Financial Institutions

Places limits on a health care attendant's authority to assist a consumer with nursing tasks and self-administration of medication.	Same as the Executive, but extends to any medication, not just a controlled substance, the restriction that a home care attendant provide assistance to a consumer with self-administration of medication only when it is administered orally, topically, or via a gastrostomy or jejunostomy tube.	Same as the House.
Establishes requirements a home care attendant must follow when providing home care attendant services.	Same as the Executive, but provides that a home care attendant may count a medication in the presence of a consumer or consumer's authorized representative, rather than just the consumer, when the medication is administered to the consumer and may perform the monthly recount of the medication in the presence of the consumer or consumer's authorized representative, rather than just the consumer.	Same as the House.
Fiscal effect: This provision may result in savings to the Medicaid Program if the services that are to be provided by health care attendants are less expensive than those currently provided.	Fiscal effect: Same as the Executive.	Fiscal effect: Same as the Executive.

57	JFS - 68	Assisted Living Program			
			R.C.	5111.89, 5111.891	R.C. 5111.89, 5111.891
No provision.			Provides that the Assisted Living Program is hereby created rather than permitting the ODJFS Director to seek federal approval to implement the program.		Same as the House.
No provision.			Eliminates the statutory limit (1,800) on the number of individuals who may participate in the program, but specifies that enrollment may not exceed any limit set by the federal government when it approves the program.		Same as the House.

Executive			As Passed by the House			As Reported by Senate Finance and Financial Institutions		
			Fiscal effect: The provision could result in an increase in expenses for the Assisted Living Program due to the elimination of the current state limit of 1,800 slots. The increase would be dependent upon the number of slots approved by the federal government.			Fiscal effect: Same as the House.		
58	JFS - 22	ICF/MR Franchise Permit Fee						
R.C.	5112.30, 5112.31, 5112.37, 5112.371, 5112.372		R.C.	5112.30, 5112.31, 5112.37, 5112.371, 5112.372		R.C.	5112.30, 5112.31, 5112.37, 5112.371, 5112.372	
Subjects ICFs/MR that ODMR/DD operates (i.e., developmental centers) to the ICF/MR franchise permit fee.			Same as the Executive.			Same as the Executive.		
Increases the franchise permit fee on ICF/MR beds to \$14.25 per day from \$11.98.			Same as the Executive.			Same as the Executive.		
Provides for the money raised by the ICF/MR franchise permit fee to be deposited as follows: (1) 74.89% in FY 2010 and 70.67% in FY 2011 and thereafter into the Mentally Retarded and Developmentally Disabled Fund; (2) 3.78% in FY 2010 and 3.57% in FY 2011 and thereafter into SSR Fund 5CT0, Children With Intensive Behavioral Needs Programs; and (3) 21.33% in FY 2010 and 25.76% in FY 2011 and thereafter into a new fund created in the state treasury called the ODMR/DD Operating and Services Fund.			Same as the Executive.			Same as the Executive.		
Provides for money in the ODMR/DD Operating and Services Fund to be used for expenses of the programs that ODMR/DD administers and ODMR/DD's administrative expenses.			Same as the Executive.			Same as the Executive.		

Executive			As Passed by the House	As Reported by Senate Finance and Financial Institutions
Fiscal effect: Increasing the ICF/MR franchise permit fee from \$11.98 to \$14.25 per day per bed as well as subjecting developmental centers to the fee will generate several million dollars in additional revenue for the Medicaid Program each year.			Fiscal effect: Same as the Executive.	Fiscal effect: Same as the Executive.
59	JFS - 108	Medicaid Managed Long-Term Care Report		
No provision.			No provision.	<div>Section: 209.45</div> <div>Requires the ODJFS Director and Director of Aging to issue a report on the feasibility of including in the Medicaid managed care program certain aged, blind, and disabled Medicaid recipients who are excluded by current law from the program.</div> <div>Fiscal effect: ODJFS and the Department of Aging will incur an increase in administrative costs to produce the report.</div>
60	JFS - 132	Medicaid Provider Audits		
No provision.			No provision.	<div>Section: 309.30.03</div> <div>Requires that \$1.4 million in each fiscal year of line item 600417, Medicaid Provider Audits, is to be used by the Auditor of State, in consultation with the Department of Job and Family Services, to perform audits of providers of Medicaid services.</div>

Executive			As Passed by the House	As Reported by Senate Finance and Financial Institutions
61	JFS - 121	Savings in Quarterly Cost Management Report		
No provision.			No provision.	<div>Section: 309.30.11</div> <div>Requires ODJFS to achieve the following savings to the Medicaid Program as specified in the Department's Quarterly Cost Management Report on Ohio's Medicaid Program from November 9, 2007: (1) \$12,500,000 in FY 2010 and \$37,500,000 in FY 2011 by increasing medical support collections related to child support cases; (2) \$8,543,343 in FY 2010 and \$37,463,393 in FY 2011 by increasing Medicare enrollment for Medicaid recipients who qualify for Medicare; and (3) \$20,000,000 in FY 2011 by implementing a medical claims editing system to ungroup claims and identify questionable claims prior to payment.</div>

Executive			As Passed by the House	As Reported by Senate Finance and Financial Institutions
62	JFS - 61	Cost Outlier and Supplemental Payments to Children's Hospitals		
			Section: 309.30.15	Section: 309.30.15
	No provision.		Requires ODJFS to pay a children's hospital meeting certain criteria regarding outlier per cent and public assistance days to be paid, for each cost outlier claim made in FY 2010 and FY 2011, an amount equaling 100% of the product of the hospital's allowable charges and the hospital's Medicaid inpatient cost-to-charge ratio rather than (in the case of a claim for a case that has a cost at or below a certain amount set by ODJFS rule) an amount equaling 85% of that product, but requires ODJFS to cease paying 100% of that product and revert to paying 85% of that product (in the case of a claim for a case that has a cost at or below a certain amount set by ODJFS rule) when the difference between the total amount ODJFS pays for such outlier claims and the total amount ODJFS would have paid for such outlier claims under its rules exceeds the amount earmarked for the outlier claims (the sum of \$6 million and the corresponding federal match per fiscal year).	Same as the House, but increases the total amount for the outlier claims by \$4.4 million in FY 2010 and \$4 million in FY 2011 (using money from the Hospital Assessment Fund) plus the corresponding federal match.
	No provision.		Requires ODJFS to make supplemental Medicaid payments to children's hospitals for inpatient services under a program modeled after a program ODJFS was required to create for previous fiscal years if ODJFS does not spend the entire amount earmarked for the outlier claims discussed in the preceding paragraph.	Same as the House.
	No provision.		Prohibits the ODJFS Director from adopting, amending, or rescinding any rules that would result in decreasing the amount paid to children's hospitals for cost outlier claims.	Same as the House.
			Fiscal effect: Directs how supplemental payments to children's hospitals are to be allocated.	Fiscal effect: Same as the House, but increases the amount for outlier claims.

Executive

As Passed by the House

As Reported by Senate Finance and Financial Institutions

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JFS - 10

FY 2010 Medicaid Reimbursement Rate for Nursing Facilities

Section: 309.30.20

Adjusts the formula used to calculate nursing facilities' Medicaid reimbursement rates for FY 2010 by (1) increasing the cost per case mix-unit, rate for ancillary and support costs, rate for capital costs, and rate for tax costs as calculated under the formula by 2%, then by another 2%, and then by 1%, (2) providing for the mean payment used in the calculation of the quality incentive payment to be \$3.03 per Medicaid day, and (3) reducing, if the federal government requires that the nursing home franchise permit fee be reduced or eliminated, the payments as necessary to reflect the loss of revenue and federal financial participation generated by the fee.

No provision.

No provision.

Section: 309.30.20

Same as the Executive, but further adjusts the formula by (1) specifying that the capital costs portion of the rate, before further adjustments, cannot be less than the capital costs portion of its FY 2005 rate plus any capital compensation per diem for which it qualified during the first three quarters of FY 2008 and (2) adding \$3 per Medicaid day to the total rate.

Reduces a nursing facility's total rate by one-half of the difference between the rate it would otherwise be paid for FY 2010 and its FY 2009 rate if the rate it would otherwise be paid for FY 2010 is more than its FY 2009 rate.

Increases a nursing facility's total rate by five-sixths of the difference between the rate it would otherwise be paid for FY 2010 and its FY 2009 rate if the rate it would otherwise be paid for FY 2010 is less than its FY 2009 rate.

Section: 309.30.20

Same as the House, but does not add \$3 per Medicaid day to the total rate.

Replaces the House provision with a provision that reduces a nursing facility's total rate if the rate it would otherwise be paid for FY 2010 is more than the sum of (1) its FY 2009 rate and (2) 173% of the mean of certain amounts calculated for nursing facilities' direct care costs for FY 2011 (if the nursing facility pays the franchise permit fee) or zero (if the facility does not pay the fee). Provides for the reduction to equal one-half of the difference between the rate it would otherwise be paid for FY 2010 and the sum specified in the previous sentence.

Replaces the House provision with a provision that increases a nursing facility's total rate if the rate it would otherwise be paid for FY 2010 is less than the sum of (1) its FY 2009 rate and (2) 173% of the mean of certain amounts calculated for nursing facilities' direct care costs for FY 2011 (if the nursing facility pays the franchise permit fee) or zero (if the facility

Executive	As Passed by the House	As Reported by Senate Finance and Financial Institutions
No provision.	Adds, in the case of nursing facilities with more than 250 Medicaid-certified beds, \$5 per Medicaid day to the total rate after all other adjustments are made.	does not pay the fee). Provides for the increase to equal the difference between the rate it would otherwise be paid for FY 2010 and the sum specified in the previous sentence. No provision.
Requires the ODJFS Director to submit a state Medicaid plan amendment for federal approval as necessary to implement the FY 2011 rate changes.	No provision.	No provision.
Fiscal effect: The executive estimates this provision will save the state \$55.9 million in FY 2010.	Fiscal effect: The provisions "FY 2010 Medicaid Reimbursement Rate for Nursing Facilities", "FY 2011 Medicaid Reimbursement Rate for Nursing Facilities", and "Nursing Facilities' Medicaid Rates for Capital Costs" will increase Medicaid costs by an estimated \$56.4 million or more in FY 2010 and \$177.3 million or more in FY 2011 (\$15.6 million state share in FY 2010 and \$57.0 million in FY 2011).	Fiscal effect: The provisions "FY 2010 Medicaid Reimbursement Rate for Nursing Facilities", "FY 2011 Medicaid Reimbursement Rate for Nursing Facilities", and "Adjustments to Direct Care and Ancillary and Support Rates" will increase Medicaid costs by an estimated \$67.2 million in FY 2010 and \$76.1 million in FY 2011 (\$18.0 million state share in FY 2010 and \$24.0 million in FY 2011).

Executive

As Passed by the House

As Reported by Senate Finance and Financial Institutions

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JFS - 11

FY 2011 Medicaid Reimbursement Rate for Nursing Facilities

Section: 309.30.30

Adjusts the formula used to calculate nursing facilities' Medicaid reimbursement rates for FY 2011 by (1) increasing the cost per case mix-unit, rate for ancillary and support costs, rate for capital costs, and rate for tax costs as calculated under the formula by 2%, then by another 2%, and then by 1%, (2) providing for the mean payment used in the calculation of the quality incentive payment to be \$3.03 per Medicaid day, and (3) reducing, if the federal government requires that the nursing home franchise permit fee be reduced or eliminated, the payments as necessary to reflect the loss of revenue and federal financial participation generated by the fee.

No provision.

No provision.

Requires the ODJFS Director to submit a state Medicaid plan amendment for federal approval as necessary to implement the FY 2011 rate changes.

Section: 309.30.30

Same as the Executive, but further adjusts the formula by (1) specifying that the capital costs portion of the rate, before further adjustments, cannot be less than the capital costs portion of its FY 2005 rate plus any capital compensation per diem for which it qualified during the first three quarters of FY 2008 and (2) adding \$5.35 per Medicaid day to the total rate.

Increases a nursing facility's total rate by two-thirds of the difference between the rate it would otherwise be paid for FY 2011 and its FY 2009 rate if the rate it would otherwise be paid for FY 2011 is less than its FY 2009 rate.

Adds, in the case of nursing facilities with more than 250 Medicaid-certified beds, \$5 per Medicaid day to the total rate after all other adjustments are made.

No provision.

Section: 309.30.20

Same as the House, but does not add \$5.35 per Medicaid day to the total rate.

Replaces the House provision with a provision that increases a nursing facility's total rate if the rate it would otherwise be paid for FY 2011 is less than the sum of (1) its FY 2009 rate and (2) 173% of the mean of certain amounts calculated for nursing facilities' direct care costs for FY 2011 (if the nursing facility pays the franchise permit fee) or zero (if the facility does not pay the fee). Provides for the increase to equal the difference between the rate it would otherwise be paid for FY 2011 and the sum specified in the previous sentence.

No provision.

No provision.

Executive

As Passed by the House

As Reported by Senate Finance and Financial Institutions

Fiscal effect: The executive estimates this provision will save the state \$56.3 million in FY 2011.

Fiscal effect: The provisions "FY 2010 Medicaid Reimbursement Rate for Nursing Facilities", "FY 2011 Medicaid Reimbursement Rate for Nursing Facilities", and "Nursing Facilities' Medicaid Rates for Capital Costs" will increase Medicaid costs by an estimated \$56.4 million or more in FY 2010 and \$177.3 million or more in FY 2011 (\$15.6 million state share in FY 2010 and \$57.0 million in FY 2011).

Fiscal effect: The provisions "FY 2010 Medicaid Reimbursement Rate for Nursing Facilities", "FY 2011 Medicaid Reimbursement Rate for Nursing Facilities", and "Adjustments to Direct Care and Ancillary and Support Rates" will increase Medicaid costs by an estimated \$67.2 million in FY 2010 and \$76.1 million in FY 2011 (\$18.0 million state share in FY 2010 and \$24.0 million in FY 2011).

65	JFS - 119	Nursing Facility Capital Costs Study	
	No provision.	No provision.	<div>Section: 309.30.30</div> <div>Requires ODJFS, not later than December 31, 2010, to issue a report with recommendations for developing a new system for reimbursing nursing facilities' capital costs under the Medicaid Program.</div> <div>Fiscal effect: ODJFS will incur an increase in administrative costs to produce the report.</div>

66	JFS - 25	FY 2010 Capital Compensation Payments to Nursing Facilities	
	<div>Sections: 309.30.40, 309.30.50</div> <div>Provides for qualifying nursing facilities to receive quarterly capital compensation payments during FY 2010.</div> <div>Provides that nursing facilities that qualify for the payments are (1) certain nursing facilities that were new as of fiscal year 2006, 2007, or 2008, (2) certain nursing facilities that completed a capital project before December 31, 2008, (3) certain nursing facilities that completed an activity for which a certificate of need is not needed before June 30, 2008, and</div>	<div>No provision.</div> <div>No provision.</div>	<div>No provision.</div> <div>No provision.</div>

Executive	As Passed by the House	As Reported by Senate Finance and Financial Institutions
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(4) certain nursing facilities that completed a renovation before December 31, 2008.

Creates formulas to be used to determine the amount of the capital compensation payments.

No provision.

No provision.

Terminates all nursing facilities' eligibility for the capital compensation payments at the earlier of July 1, 2010, or the date the total amount of the payments equals \$40 million.

No provision.

No provision.

Requires that payments made to qualifying nursing facilities for capital compensation be made from GRF appropriation item 600529, Capital Compensation Program.

No provision.

No provision.

Fiscal effect: This provision increases state Medicaid costs by \$40 million in FY 2010.

67

JFS - 23

FY 2010 Medicaid Reimbursement Rate for ICFs/MR

Section: 309.30.60

Adjusts the formula used to calculate ICFs/MR's Medicaid reimbursement rates for FY 2010 by (1) limiting an ICF/MR's rate to a maximum of 108% of its FY 2009 rate, (2) requiring ODJFS to reduce the FY 2010 Medicaid rates for ICFs/MR if the mean total per diem rate for all ICFs/MR, weighted by May 2009 Medicaid days and calculated as of July 1, 2009, after application of the 108% limit, exceeds \$277.25, (3) prohibiting, for the remainder of FY 2010, further adjustments otherwise authorized by law governing Medicaid payments to ICFs/MR, and (4) if the federal government requires that the franchise permit fee for ICFs/MR be reduced or eliminated, reducing the payments to ICFs/MR as necessary to reflect the loss of revenue and federal financial participation generated by the fee.

Section: 309.30.60

Same as the Executive, but does not limit an ICF/MR's rate to a maximum of 108% of its FY 2009 rate.

Section: 309.30.60

Same as the House, but increases the mean total per diem rate that is used in setting the FY 2010 rate from \$277.25 to \$279.88.

Executive	As Passed by the House	As Reported by Senate Finance and Financial Institutions
<p>Requires the ODJFS Director to implement the changes to the FY 2010 Medicaid rate for ICFs/MR retroactive to the later of the effective date of the state Medicaid plan amendment regarding the changes and July 1, 2009.</p> <p>Fiscal effect: Assumes costs of \$546.5 million in FY 2010 and \$547.2 million in FY 2011.</p>	<p>Same as the Executive, but establishes the retroactive implementation date as the later of the effective date of the state Medicaid plan amendment or (rather than and) July 1, 2009.</p> <p>Fiscal effect: Same as the Executive.</p>	<p>Same as the House.</p> <p>Fiscal effect: Same as the Executive, but increases costs by \$5.2 million in FY 2010 and \$7.0 million in FY 2011 (\$1.4 million state share in FY 2010 and \$2.2 million state share in FY 2011).</p>

68	JFS - 24	FY 2011 Medicaid Reimbursement Rate for ICFs/MR	
Section: 309.30.70		Section: 309.30.70	Section: 309.30.70
Adjusts the formula used to calculate ICFs/MR's Medicaid reimbursement rates for FY 2011 by (1) limiting an ICF/MR's rate to a maximum of 107% of its FY 2010 rate, (2) requiring ODJFS to reduce the FY 2011 Medicaid rates for ICFs/MR if the mean total per diem rate for all ICFs/MR, weighted by May 2010 Medicaid days and calculated as of July 1, 2010, after application of the 107% limit, exceeds \$277.25, (3) prohibiting, for the remainder of FY 2011, further adjustments otherwise authorized by law governing Medicaid payments to ICFs/MR, and (4) if the federal government requires that the franchise permit fee for ICFs/MR be reduced or eliminated, reducing the payments to ICFs/MR as necessary to reflect the loss of revenue and federal financial participation generated by the fee.		Same as the Executive, but does not limit an ICF/MR's rate to a maximum of 107% of its FY 2010 rate.	Same as the House, but increases the mean total per diem rate that is used in setting the FY 2011 rate from \$277.25 to \$282.54.
Requires the ODJFS Director to implement the changes to the fiscal year 2011 Medicaid rate for ICFs/MR retroactive to the later of the effective date of the state Medicaid plan amendment regarding the changes and July 1, 2010.		Same as the Executive, but establishes the retroactive implementation date as the later of the effective date of the state Medicaid plan amendment or (rather than and) July 1, 2010.	Same as the House.

Executive			As Passed by the House	As Reported by Senate Finance and Financial Institutions
Fiscal effect: By imposing limits on the ICF/MR reimbursement rate, the state may realize cost savings in the Medicaid Program.			Fiscal effect: Same as the Executive.	Fiscal effect: Same as the Executive.
69	JFS - 94	ICF/MR Reimbursement Study Council	<div>Section: 309.30.71</div> <div>Establishes the ICF/MR Reimbursement Study Council and requires the Council to submit a report, not later than July 1, 2010, on its review of Ohio's system for Medicaid reimbursement of ICF/MR services.</div> <div>Fiscal effect: Minimal increase in costs associated with the Study Council and the report. Members of the Council are to serve without compensation or reimbursement.</div>	<div>Section: 309.30.71</div> <div>Same as the House, but adds two members of the Ohio Association of County Boards of Mental Retardation and Developmental Disabilities to the Council.</div> <div>Fiscal effect: Same as the House.</div>
70	JFS - 105	Study of System for Wheelchair Reallocation	<div>No provision.</div>	<div>Section: 309.30.72</div> <div>Requires ODJFS to (1) study the potential use of a system under which manual and power wheelchairs received by Medicaid recipients are reallocated for reuse by other eligible Medicaid recipients when the wheelchairs are discarded, no longer required, or otherwise unused, and (2) issue a report by January 1, 2010.</div> <div>Fiscal effect: ODJFS will incur a minimal increase in administrative costs to conduct the study and produce the report.</div>

Executive			As Passed by the House	As Reported by Senate Finance and Financial Institutions
71	JFS - 80	Increase in Medicaid Rates for Hospital Services	<div>Section: 309.30.73</div> <div>No provision.</div> <div>Increases the Medicaid reimbursement rate for hospital inpatient and outpatient services provided between January 1, 2010, and June 30, 2011, by 5%.</div> <div>Fiscal effect: None. This was assumed in the executive budget. The bill includes \$87.9 million in FY 2010 and \$178.5 million in FY 2011 to fund the provision.</div>	<div>Section: 309.30.73</div> <div>Same as the House, but provides for the increase to begin July 1, 2009, rather than January 1, 2010.</div> <div>Fiscal effect: Same as the House, but increases Medicaid costs by approximately \$70 million (\$18.9 million state share) in FY 2010.</div>

Executive			As Passed by the House	As Reported by Senate Finance and Financial Institutions
72	JFS - 21	Hospital Assessments		
R.C.	5112.40, 5112.41, 5112.42, 5112.43, 5112.44, 5112.45, 5112.46, 5112.47, 5112.48		R.C. 5112.40, 5112.41, 5112.42, 5112.43, 5112.44, 5112.45, 5112.451, 5112.46, 5112.47, 5112.48	Sections: 309.30.74, 309.30.75, 690.20, 690.21
Imposes an annual assessment on hospitals based on their total facility costs. Sets the first annual assessment at 1.27% of a hospital's total facility costs and sets the second and subsequent annual assessments at 1.37%.			Same as the Executive, but increases the first annual assessment to 1.52% and increases the second and subsequent annual assessments to 1.61%.	Same as the Executive, but (1) moves the provision to an uncodified section, (2) provides for the assessments to be for FY 2010 and FY 2011 rather than assessment program years that begin on the first day of October of a calendar year and end the last day of September of the following calendar year, (3) changes the first assessment to 1.61% and the second assessment to 1.52%, (4) excludes hospitals that do not charge patients for their services from the assessments, (5) requires that a hospital's assessment for FY 2010 be based on the hospital's 12-month, Medicare cost reporting period that falls during the period beginning January 1, 2007, and ending June 30, 2008, and that a hospital's assessment for FY 2011 be based on the hospital's 12-month, Medicare cost reporting period that falls during the period beginning January 1, 2008, and ending June 30, 2009, (6) revises the time frame for ODJFS to notify hospitals of the preliminary determination of the assessment, (7) revises the schedule by which hospitals are to make the installment payments for the assessment and permits ODJFS to establish an alternative schedule if the state receives federal approval for the Hospital Inpatient and Outpatient Supplemental Upper Payment Limit Program not later than January 15, 2010, and (8) requires ODJFS, on request, to provide a hospital a written letter stating that it is ODJFS's official position that the assessments are a community benefit for purposes of federal taxation.

Executive	As Passed by the House	As Reported by Senate Finance and Financial Institutions
Permits ODJFS to audit a hospital to ensure that the hospital properly pays its assessment and requires ODJFS to take action to recover from a hospital any amount the audit reveals that the hospital should have paid but did not.	Same as the Executive.	Same as the Executive.
Creates SSR Fund 5GF0, Hospital Assessment, in the state treasury into which the hospital assessments are to be deposited and requires ODJFS to use the money in the fund to pay costs of the Medicaid Program, including administrative costs.	Same as the Executive, but requires that 16.45% of the amounts raised by the hospital assessments during the first year be used for the Hospital Inpatient and Outpatient Supplemental Upper Payment Limit Program and requires that 14.91% of the amounts raised by the hospital assessments in the second and subsequent years be used for that program.	Same as the Executive, but revises how the money in the fund is to be used. First, ODJFS is to use the money in the fund to fund the bill's 5% Medicaid rate increase for hospital inpatient and outpatient services. Second, ODJFS is to use \$4.4 million in FY 2010 and \$4 million in FY 2011 of the amount remaining in the fund to pay for the bill's Medicaid payments to children's hospitals for outlier claims. Third, ODJFS is to use as much of the remainder as is available to fund the bill's Hospital Inpatient and Outpatient Supplemental Upper Payment Limit Program. Fourth, ODJFS is to use as much of the remainder as is available for the bill's increase in Medicaid rates for hospital home health services. Fifth, ODJFS is to use as much of the remainder as is available for the bill's increase in Medicaid rates for hospital ambulance services. Sixth, ODJFS is to use as much of the remainder as is available for the bill's increase in Medicaid rates for hospital hospice services.
No provision.	Requires the ODJFS Director to seek federal approval to create the Hospital Inpatient and Outpatient Supplemental Upper Payment Limit Program under which supplemental Medicaid payments would be made to hospitals for inpatient services and outpatient services covered by the Medicaid program.	Same as the House, but (1) excludes children's hospitals from the program, (2) requires that payments to a hospital under the program be made in three equal installments for FY 2010 and three equal installments for FY 2011 that are due not later than 15 days after the date the hospital makes the corresponding installment payment for its assessment, and (3) requires that the program use a payment system that is fair and equitable to all hospitals and, to the extent permitted by federal law, recognizes the amount of the hospitals' assessments.

Executive	As Passed by the House	As Reported by Senate Finance and Financial Institutions
Requires ODJFS to take all necessary actions to cease implementation of the hospital assessment if the United States Secretary of Health and Human Services determines that the assessment is an impermissible health care-related tax under federal Medicaid law.	Same as the Executive, but requires ODJFS also to cease implementation of the Hospital Inpatient and Outpatient Supplemental Upper Payment Limit Program.	Same as the House.
Repeals the law governing the hospital assessment effective October 1, 2011.	Same as the Executive, but repeals the law governing the Hospital Inpatient and Outpatient Supplemental Upper Payment Limit Program on the same date.	Same as the House, but repeals the laws effective July 1, 2011, rather than October 1, 2011, and provides that the repeal does not eliminate the requirement for a hospital to make an installment payment of the hospital's assessment that is due after the repeal and does not eliminate ODJFS's requirement to make an installment payment under the Hospital Inpatient and Outpatient Supplemental Upper Payment Limit Program that is due after the repeal.
Fiscal effect: The executive estimates the assessment will generate \$282.8 million in FY 2010 and \$315.6 million in FY 2010.	Fiscal effect: Same as the Executive, but increases hospital assessment revenue by \$55.7 million in FY 2010 and \$55.3 million in FY 2011. The increase is to be used to make supplemental payments to hospitals for Medicaid services. Increase in federal Medicaid reimbursement of \$151.5 million in FY 2010 and \$119.3 million in FY 2011.	Fiscal effect: Same as the House, but adds requirements regarding how hospital assessment funds are to be spent.

73	JFS - 82	Medicaid Rates for Community Behavioral Health Services
	Section: 309.30.75	
No provision.	Increases the Medicaid rate ceilings for community behavioral health services provided during FY 2010 by 1/2% over the rate ceilings for FY 2009 and the Medicaid rate ceilings for those services provided during FY 2011 by 1/2% over the rate ceilings for FY 2010.	No provision.

Executive		As Passed by the House	As Reported by Senate Finance and Financial Institutions
		Fiscal effect: Funding for the rate increase is provided through earmarks in the Departments of Mental Health and Alcohol and Drug Addiction Services.	
74	JFS - 127	Increase in Medicaid Rates for Hospital Home Health Services	
No provision.		No provision.	<div>Section: 309.30.76</div> <div>Requires the ODJFS Director to increase the Medicaid rates for home health services provided by a provider owned by a hospital, other than a children's hospital, to the maximum extent permitted by federal law for FY 2010 and FY 2011 but makes payment of the rate increase subject to funds being available in the Hospital Assessment Fund after money in the fund is used to pay for the rate increase for hospital inpatient and outpatient services, children hospitals' cost outlier claims, and the Hospital Inpatient and Outpatient Supplemental Upper Payment Limit Program.</div>

Department of Job and Family Services			Main Operating Appropriations Bill	H. B. 1
Executive			As Passed by the House	As Reported by Senate Finance and Financial Institutions
75	JFS - 128	Increase in Medicaid Rates for Hospital Ambulance Services		<p>Section: 309.30.77</p> <p>Requires the ODJFS Director to increase the Medicaid rates for ambulance services provided by a provider owned by a hospital, other than a children's hospital, to the maximum extent permitted by federal law for FY 2010 and FY 2011 but makes payment of the rate increase subject to funds being available in the Hospital Assessment Fund after money in the fund is used to pay for the rate increase for hospital inpatient and outpatient services, children's hospitals' cost outlier claims, the Hospital Inpatient and Outpatient Supplemental Upper Payment Limit Program, and the rate increase for hospital home health services.</p>
		No provision.	No provision.	
76	JFS - 129	Increase in Medicaid Rates for Hospital Hospice Services		<p>Section: 309.30.78</p> <p>Requires the ODJFS Director to increase the Medicaid rates for hospice services provided by a provider owned by a hospital, other than a children's hospital, to the maximum extent permitted by federal law for FY 2010 and FY 2011 but makes payment of the rate increase subject to funds being available in the Hospital Assessment Fund after money in the fund is used to pay for the rate increase for hospital inpatient and outpatient services, children's hospitals' cost outlier claims, the Hospital Inpatient and Outpatient Supplemental Upper Payment Limit Program, the rate increase for hospital home health services, and the rate increase for hospital ambulance services.</p>
		No provision.	No provision.	

Executive			As Passed by the House	As Reported by Senate Finance and Financial Institutions
77	JFS - 35	Residential State Supplement Transfer		
Section: 309.30.80			Section: 309.30.80	Section: 309.30.80
Authorizes the Department of Aging to transfer cash, by intrastate transfer voucher, from GRF appropriation item 490412, Residential State Supplement, and SSR Fund 4J40, PASSPORT/Residential State Supplement, to SSR Fund 4J50, Home and Community-Based Services for the Aged, used by ODJFS. The funds transferred are to be used to make benefit payments to RSS recipients.			Same as the Executive.	Same as the Executive.
78	JFS - 27	Fiscal Activities Related to Medicaid Waiver Programs		
Section: 309.30.90			Section: 309.30.90	Section: 309.30.90
Permits the Director of Budget and Management to seek Controlling Board approval to do the following activities in support of any home and community-based services Medicaid waiver program: (1) create new funds and appropriation items associated with a unified long-term care budget; (2) transfer cash between funds used by affected agencies; and (3) transfer appropriation between appropriation items within a fund and used by the same state agency. Appropriates any transfers of cash approved by the Controlling Board under this section.			Same as the Executive.	Same as the Executive.

Executive			As Passed by the House	As Reported by Senate Finance and Financial Institutions
79	JFS - 28	Money Follows the Person Enhanced Reimbursement Fund		
Section: 309.31.10		Section: 309.31.10		
Creates SSR Fund 5AJ0, Money Follows the Person Enhanced Reimbursement, into which the federal grant the state receives under the Money Follows the Person Demonstration Program is to be deposited.		Same as the Executive.		
Fiscal effect: The executive estimates that the enhanced portion of the federal reimbursement will be about \$6.2 million in each fiscal year.		Fiscal effect: Same as the Executive.		
80	JFS - 36	Medicare Part D		
Section: 309.31.20		Section: 309.31.20		
Allows ODJFS to use GRF appropriation item 600526, Medicare Part D, for the implementation and operation of the Medicare Part D requirements. Allows the Director of Budget and Management to increase the state share of appropriations in either GRF appropriation item 600525, Health Care/Medicaid, or GRF appropriation item 600526, with a corresponding decrease in the state share of the other appropriation item.		Same as the Executive.		
		Same as the Executive, but requires ODJFS to provide notification to the Controlling Board of any transfers between line items 600525 and 600526 at the next scheduled Controlling Board meeting.		

Executive		As Passed by the House	As Reported by Senate Finance and Financial Institutions
81	JFS - 37	Ohio Access Success Project and Identification of Overpayments	
Section: 309.31.30		Section: 309.31.30	Section: 309.31.30
Allows ODJFS to use (1) up to \$3.0 million in each fiscal year for FY 2010 and FY 2011 to fund the state share of audits or limited reviews of Medicaid providers; (2) up to \$450,000 in each fiscal year for FY 2010 and FY 2011 to provide one-time transitional benefits under the Ohio Access Success Project, from SSR Fund 4J50, Home and Community-Based Services for the Aged, used by ODJFS, if the cash in the fund is in excess of the amounts needed for the required transfers to SSR Fund 4J40, PASSPORT/Residential State Supplement, used by the Department of Aging.		Same as the Executive, but corrects a fund number reference.	Same as the House.
82	JFS - 38	Transfer of Funds to the Department of Aging	
Section: 309.31.40		Section: 309.31.40	Section: 309.31.40
Requires ODJFS to transfer, by intrastate transfer voucher, cash from SSR Fund 4J50, Home and Community-Based Services for the Aged, used by ODJFS, to Fund 4J40, PASSPORT/Residential State Supplement, used by the Department of Aging. Limits the sum of the transfers to \$33,263,984 in each fiscal year. Specifies that the transfer may occur on a quarterly basis or on a schedule developed and agreed to by both departments.		Same as the Executive, but corrects a fund number reference.	Same as the House.

Executive

As Passed by the House

As Reported by Senate Finance and Financial Institutions

83	JFS - 39	Provider Franchise Fee Offsets
Section: 309.31.50	Section: 309.31.50	Section: 309.31.50
Requires, at least quarterly, the ODJFS Director to certify to the Director of Budget and Management both of the following: (1) The amount of NF franchise permit fee offsets withheld from payments made from GRF; (2) The amount of ICF/MR franchise permit fee offsets withheld from payments made from GRF. Allows the Director of Budget and Management to transfer cash from the GRF to all of the following: (1) SSR Fund 4J50, Home and Community Based Services/Aged, or SSR Fund 5R20, Nursing Facility Stabilization, in accordance with sections 3721.56 and 3721.561 of the Revised Code; (2) SSR Fund 4K10, ICF/MR Bed Assessments. Appropriates the amounts transferred.	Same as the Executive.	Same as the Executive.

84	JFS - 113	Committee to Study Medicaid Provider Franchise Permit Fees
No provision.	No provision.	Section: 309.31.55 Creates a committee consisting of two members of the Senate, two members of the House of Representatives, and members appointed by the Governor to study the issue of funding the Medicaid Program through franchise permit fees on providers of health-care services.

Executive

As Passed by the House

As Reported by Senate Finance and Financial Institutions

Fiscal effect: Members of the committee are to serve without compensation, except to the extent that serving on the committee is considered part of their regular employment duties. ODJFS is to provide any support staff the committee needs. Therefore, ODJFS may incur some administrative costs.

85

JFS - 40

Transfer of Funds to the Department of Mental Retardation and Developmental Disabilities

Section: 309.31.60

Requires ODJFS to transfer, by intrastate transfer voucher, cash from SSR Fund 4K10, ICF/MR Bed Assessments, to SSR Fund 4K80, Home and Community-Based Services, used by the Department of Mental Retardation and Developmental Disabilities. Requires the total amount transferred to equal \$12,000,000 in each fiscal year. Specifies that the transfer may occur on a quarterly basis or on a schedule developed and agreed to by both departments.

Section: 309.31.60

Same as the Executive.

Section: 309.31.60

Same as the Executive.

86

JFS - 41

Funding For Transition Waiver Services

Section: 309.31.70

Allows ODJFS, in each fiscal year, to use cash from SSR Fund 4K10, ICF/MR Bed Assessments Fund, in excess of the amounts needed for transfers to SSR Fund 4K80, Home and Community-Based Services Fund, which is used by the Department of Mental Retardation and Developmental, to cover costs of care provided to participants in a waiver with an ICF/MR level of care requirement administered by ODJFS.

Section: 309.31.70

Same as the Executive.

Section: 309.31.70

Same as the Executive.

Executive	As Passed by the House	As Reported by Senate Finance and Financial Institutions
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87	JFS - 43	Health Care Services Administration Fund
Section: 309.31.90	Section: 309.31.90	Section: 309.31.90
Requires that, of the amount received by ODJFS during FY 2010 and FY 2011 from the first installment of assessments paid under section 5112.06 of the Revised Code and intergovernmental transfers made under section 5112.07 of the Revised Code, the ODJFS Director deposit \$350,000 in each fiscal year into the state treasury to the credit of SSR Fund 5U30, Health Care Services Administration, which is used by ODJFS.	Same as the Executive.	Same as the Executive.
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88	JFS - 44	Medicaid Program Support Fund - State
Section: 309.32.10	Section: 309.32.10	Section: 309.32.10
Specifies that GSF Fund 5C90 appropriation item 600671, Medicaid Program Support, be used by ODJFS to pay for Medicaid services and contracts. Specifies that ODJFS may also deposit to GSF Fund 5C90, Medicaid Program Support, revenues received from other state agencies for Medicaid services under the terms of interagency agreements between ODJFS and the other state agencies, and all funds ODJFS recovers because the benefits a person received under the disability medical assistance program were determined to be covered by the Medicaid Program.	Same as the Executive.	Same as the Executive.
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Department of Job and Family Services			Main Operating Appropriations Bill		H. B. 1		
Executive			As Passed by the House		As Reported by Senate Finance and Financial Institutions		
89	JFS - 45	Transfers of IMD/DSH Cash to the Department of Mental Health					
Section: 309.32.20			Section: 309.32.20		Section: 309.32.20		
Requires ODJFS to transfer, by intrastate transfer voucher, cash from GSF Fund 5C90, Medicaid Program Support, to SSR Fund 4X50, Behavioral Health Medicaid Services, used by the Department of Mental Health in accordance with an interagency agreement that delegates authority from ODJFS to the Department of Mental Health to administer specified Medicaid services.			Same as the Executive.		Same as the Executive.		
90	JFS - 46	Prescription Drug Rebate Fund					
Section: 309.32.30			Section: 309.32.30		Section: 309.32.30		
Specifies that GSF Fund 5P50 appropriation item 600692, Health Care Services, be used by ODJFS to pay for Medicaid services and contracts.			Same as the Executive.		Same as the Executive.		
91	JFS - 79	Federal Medicaid Match for ADAMHS Boards					
			Section: 309.32.40		Section: 309.32.40		
No provision.			Requires the ODJFS Director to seek federal approval to establish a system under which community behavioral health boards obtain federal financial participation for the allowable administrative activities the boards perform in the administration of the Medicaid program.		Same as the House, but sets a deadline of October 1, 2009, for the ODJFS Director to seek federal approval.		
			Fiscal effect: Potential revenue gain for ADAMHS boards. Fiscal effect: Same as the House.				

Executive			As Passed by the House	As Reported by Senate Finance and Financial Institutions
92	JFS - 115	Prior Authorization Study		
No provision.			No provision.	<div>Section: 309.32.50</div> <div>Requires ODJFS to study the issue of requiring prior authorization for all services and goods available under the fee-for-service component of the Medicaid program and to submit a report of its study to the General Assembly not later than October 1, 2009.</div> <div>Fiscal effect: OJFS will incur a minimal increase in administrative costs to conduct the study and produce the report.</div>
93	JFS - 78	Nonemergency Medical Transportation Management		
No provision.			<div>Section: 309.32.60</div> <div>Requires ODJFS to establish a two-year pilot program under which county departments of job and family services serving a county with at least 400,000 persons may contract with nonemergency medical transportation management organizations to manage nonemergency medical transportation services provided to groups of Medicaid recipients the county department includes in the pilot program.</div> <div>Fiscal effect: May result in an increase or decrease in Medicaid costs depending on the terms of the contract(s) for nonemergency medical transportation services.</div>	No provision.

Executive			As Passed by the House	As Reported by Senate Finance and Financial Institutions
94	JFS - 99	Third Party Liability - Pilot Program		
		No provision.	No provision.	Section: 309.32.60 Requires the ODJFS Director to establish and administer a pilot program for the purpose of identifying third parties that are liable for paying all or a portion of a claim for a medical item or service provided to a Medicaid recipient before the claim is submitted to, or paid by, the Medicaid Program and specifies that the pilot program may not be terminated prior to 18 months after it is established.
		No provision.	No provision.	Permits the ODJFS Director to enter into a contract with a person to administer the pilot program and specifies that the contract is subject to competitive bidding and must contain certain terms.
		No provision.	No provision.	Requires the ODJFS Director to evaluate the effectiveness of the pilot program after one year and to prepare and submit a report to the Governor and leadership of the General Assembly's that summarizes the results of the evaluation, concludes whether the program achieves savings for the Medicaid program, and makes a recommendation as to whether the program should be extended or made permanent. Fiscal effect: ODJFS will incur a minimal increase in administrative costs. It may also incur costs associated with contracting for a person to administer the pilot program.

Executive

As Passed by the House

As Reported by Senate Finance and Financial Institutions

95	JFS - 109	Report on Expenditures for Durable Medical Equipment	
	No provision.	No provision.	<div>Section: 309.32.70</div> <div>Requires ODJFS to submit a report to the General Assembly, by July 1, 2010, on Medicaid expenditures for durable medical equipment and requires the report to include recommendations on strategies to reduce the cost of such equipment.</div> <div>Fiscal effect: ODJFS will incur a minimal increase in administrative costs to produce the report.</div>

Hospital Care Assurance Program

96	JFS - 42	Hospital Care Assurance Match	
	<div>Section: 309.31.80</div> <div>Specifies that FED Fund 3F00 appropriation item 600650, Hospital Care Assurance Match, only be used for distributing funds to hospitals under the Hospital Care Assurance Program.</div>	<div>Section: 309.31.80</div> <div>Same as the Executive.</div>	<div>Section: 309.31.80</div> <div>Same as the Executive.</div>

97	JFS - 29	Delay of Termination of Hospital Care Assurance Program	
	<div>Sections: 640.10, 640.11</div> <div>Delays the termination of the Hospital Care Assurance Program to October 16, 2011.</div>	<div>Sections: 640.10, 640.11</div> <div>Same as the Executive.</div>	<div>Sections: 640.10, 640.11</div> <div>Section as the Executive.</div>

Executive

As Passed by the House

As Reported by Senate Finance and Financial Institutions

Fiscal effect: Total appropriations for the Hospital Care Assurance Program are \$582.7 million in FY 2010 and \$586.0 million in FY 2011. The program is funded using appropriation items 600649, Hospital Care Assurance Fund, and 600650, Hospital Care Assurance Match, in ODJFS.

Fiscal effect: Same as the Executive.

Fiscal effect: Same as the Executive.

State and County Funded Medical Programs

98	JFS - 75	School-Based Health Centers		
			R.C. 5101.504, 5101.5110, 5101.5210	R.C. 5101.504, 5101.5110, 5101.5210
	No provision.		Provides that a school-based health center may furnish health assistance services covered under the State Children's Health Insurance Program (SCHIP) Part I, II, or III if it meets the requirements applicable to other providers of those services.	Same as the House.
			Fiscal effect: By allowing school-based health centers to become health care providers under SCHIP the services the centers provide to eligible children will be reimbursed at the enhanced federal reimbursement rate.	Fiscal effect: Same as the House.
99	JFS - 76	Children's Buy-In Program		
			R.C. 5101.5212	R.C. 5101.5212, 5101.5213
	No provision.		Provides that an individual's countable family income must exceed 300% of the federal poverty guidelines rather than 250% for the individual to meet the income requirement for the Children's Buy-In Program.	Same as the House, but includes a technical change in an additional Revised Code section.
	No provision.		Revises the program's eligibility requirements regarding creditable coverage.	No provision.

Department of Job and Family Services		Main Operating Appropriations Bill	H. B. 1
Executive	As Passed by the House	As Reported by Senate Finance and Financial Institutions	
	Fiscal effect: May increase the number of eligibles for the Children's Buy-in Program. H.B. 1, As Introduced, includes \$1.2 million in FY 2010 and \$1.9 million in FY 2011 in funding for the program.	Fiscal effect: Same as the House.	

Executive

As Passed by the House

**As Reported by Senate Finance
and Financial Institutions**

Social Services

100	JFS - 90	Direct Deposit System for Cash Assistance
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R.C. 329.03, 126.35

R.C. 329.03, 126.35

No provision.

Revises the law governing the method by which cash assistance is provided under the Ohio Works First and Disability Financial Assistance programs by (1) also applying the law to cash assistance provided under the Refugee Assistance Program, (2) eliminating law that permits a board of county commissioners to require a county department of job and family services to establish a voluntary or mandatory direct deposit system unless the ODJFS Director has provided for the cash assistance to be made by a state electronic benefit transfer system, (3) requiring each county department to establish a direct deposit system and inform applicants for and recipients of the programs that they must choose whether to receive the cash assistance under the county direct deposit system or the state electronic benefit transfer system, (4) eliminating law that (a) requires county departments to determine what type of account will be used for direct deposit, (b) requires county departments to negotiate with financial institutions to determine the charges, if any, to be imposed, and (c) specifies whether a county department must or may pay the charges, (5) eliminating law that permits a recipient to elect to receive cash assistance in the form of a paper warrant, and (6) eliminating law that requires county departments to bear the full cost of the amount of a replacement warrant under certain circumstances.

Same as the House.

Fiscal effect: Standardizes delivery of cash assistance benefits across counties.

Fiscal effect: Same as the House.

Department of Job and Family Services			Main Operating Appropriations Bill	H. B. 1
Executive			As Passed by the House	As Reported by Senate Finance and Financial Institutions
101	JFS - 63	Child, Family, and Adult Community and Protective Services	<p>Sections: 309.45.21, 309.10</p> <p>No provision.</p> <p>Requires that GRF appropriation item 600533, Child, Family, and Adult Community & Protective Services, (\$50 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 county departments to use the funds for specified purposes.</p>	<p>Sections: 309.45.21, 309.10</p> <p>Same as the House.</p>
102	JFS - 86	Early Care and Education	<p>Sections: 309.45.40, 309.45.50, 309.10</p> <p>No provision.</p> <p>Makes the following earmarks of GRF appropriation item 600535, Early Care and Education:</p> <p>(1) \$1.5 million in each fiscal year for the Children's Hunger Alliance.</p> <p>No provision.</p> <p>(2) \$9 million in each fiscal year for the Ohio Child Care Resource and Referral Association to distribute funds to organizations that provide summer and after-school programs to TANF-eligible youth.</p> <p>No provision.</p> <p>(3) \$1 million in each fiscal year for the Ohio Alliance of Boys and Girls Clubs to provide after-school programs for TANF-eligible youth.</p>	<p>No provision.</p> <p>No provision.</p> <p>No provision.</p>

Executive			As Passed by the House	As Reported by Senate Finance and Financial Institutions
103	JFS - 65	Kinship Permanency Incentive Program	<p>Sections: 309.45.70, 309.10</p> <p>Requires GRF appropriation item 600541, Kinship Permanency Incentive Program, (\$5 million in each fiscal year) be used to support the Kinship Permanency Incentive Program.</p>	<p>Section: 309.40.55</p> <p>Replaces the House provision with a provision that allows ODJFS to use up to \$10 million in each fiscal year to support the activities of the Kinship Permanency Incentive Program, and requires ODJFS to submit a report on program outcomes and expenditures to the Governor, the Speaker and Minority Leader of the House of Representatives, and the President and Minority Leader of the Senate not later than December 31, 2009, and December 31, 2010.</p>
104	JFS - 91	Reallocation of Unused County Funds	<p>Section: 309.45.90</p> <p>Requires ODJFS to reallocate income maintenance funds, TANF funds, TANF Title XX transfer funds, and Title XX social services funds to counties when ODJFS is informed a county will not use the full amount allocated to it for FY 2010 or FY 2011.</p> <p>Fiscal effect: Potential minimal increase in ODJFS administrative costs. Potential revenue gain for some counties.</p>	<p>Section: 309.45.90</p> <p>Same as the House, but also requires ODJFS to reallocate the funds when ODJFS determines through an annual close out or reconciliation of funds that a county did not use the entire amount of the funds.</p> <p>Fiscal effect: Same as the House.</p>

Executive

As Passed by the House

As Reported by Senate Finance and Financial Institutions

Food Stamp Program

105	JFS - 6	Supplemental Nutrition Assistance Program			
R.C.	5101.54, 176.05, 329.042, 329.06, 955.201, 2913.46, 3119.01, 3121.898, 3123.952, 3770.05, 4141.162, 5101.11, 5101.16, 5101.162, 5101.33, 5101.47, 5101.54, 5101.541, 5101.542, 5101.544, 5101.84, 5502.01, 5502.14, 5502.15, 5739.02, Section 309.40.20	R.C.	5101.54, 176.05, 329.042, 329.06, 955.201, 2913.46, 3119.01, 3121.898, 3123.952, 3770.05, 4141.162, 5101.11, 5101.16, 5101.162, 5101.33, 5101.47, 5101.54, 5101.541, 5101.542, 5101.544, 5101.84, 5502.01, 5502.14, 5502.15, 5739.02, Section 309.40.20	R.C.	5101.54, 176.05, 329.042, 329.06, 955.201, 2913.46, 3119.01, 3121.898, 3123.952, 3770.05, 4141.162, 5101.11, 5101.16, 5101.162, 5101.33, 5101.47, 5101.54, 5101.541, 5101.542, 5101.544, 5101.84, 5502.01, 5502.14, 5502.15, 5739.02, Section 309.40.20
Renames the Food Stamp Program the Supplemental Nutrition Assistance Program (SNAP) to provide for state law to be consistent with a change made to federal law but permits the ODJFS Director to refer to the program as the Food Stamp Program or the Food Assistance Program in rules and documents.		Same as the Executive.		Same as the Executive.	
Requires ODJFS, immediately following a county department of job and family services' certification that a household in immediate need of nutrition assistance is eligible for SNAP, to provide for the household to be sent by regular United States mail an electronic benefit transfer card containing the amount of benefits the household is eligible to receive under the program, rather than requiring a county department staff member to personally hand an authorization-to-participate card to such a household.		Same as the Executive.		Same as the Executive.	
Eliminates law that provides that food stamps and any document necessary to obtain food stamps are, except while in the custody of the United States Postal Service, the property of ODJFS from the time ODJFS receives the food stamps from the federal agency responsible for their delivery until they are received by the household entitled to receive		Same as the Executive.		Same as the Executive.	

Executive

As Passed by the House

As Reported by Senate Finance and Financial Institutions

them or by that household's authorized representative.

Fiscal effect: Potential minimal decrease in administrative costs due to reducing administrative procedures in delivering electronic benefit transfer cards to participants.

Fiscal effect: Same as the Executive.

Fiscal effect: Same as the Executive.

106

JFS - 32

Food Assistance Transfer

Section: 309.40.10

Permits the Director of Budget and Management, on July 1, 2009, or as soon as possible thereafter, to transfer up to \$1 million in cash from the Food Stamps Program Fund (Fund 3840) to the Food Assistance Fund (Fund 5ES0).

Fiscal effect: Cash from this transfer is used to support SSR Fund 5ES0 appropriation item 600630, Food Assistance, which totals \$500,000 in each fiscal year. These funds are used to provide assistance to the Ohio Association of Second Harvest Food Banks.

Section: 309.40.10

Same as the Executive.

Fiscal effect: Same as the Executive.

Section: 309.40.10

Same as the Executive.

Fiscal effect: Same as the Executive.

107

JFS - 33

Ohio Association of Second Harvest Food Banks

Section: 309.40.30

Requires the ODJFS Director in FY 2010 and FY 2011 to provide assistance to the Ohio Association of Second Harvest Food Banks in an amount equal to the assistance provided in FY 2009.

No provision.

Section: 309.40.30

Same as the Executive.

Requires that newly created GRF appropriation item 600540, Second Harvest Food Banks, (\$3.5 million in each fiscal year) be distributed to the Ohio Association of Second Harvest Food Banks to purchase and distribute food

Section: 309.40.30

Same as the Executive.

Same as the House.

Executive

As Passed by the House

As Reported by Senate Finance and Financial Institutions

	products.	
Fiscal effect: The Ohio Association of Second Harvest Food Banks will receive \$8.5 million in FY 2010 and FY 2011, as this is the amount that the Association is expected to receive in FY 2009.	Fiscal effect: Increases the amount that the Ohio Association of Second Harvest Food Banks will receive from ODJFS to \$12 million in each fiscal year.	Fiscal effect: Same as the House.

Appropriation Language

108	JFS - 57	Agency Fund Group
Section: 309.20.10	Section: 309.20.10	Section: 309.20.10
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 Director of Budget and Management 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 Director of Budget and Management.	Same as the Executive.	Same as the Executive.

Executive

As Passed by the House

As Reported by Senate Finance and Financial Institutions

Unemployment Compensation

109	JFS - 54	Removal of Unemployment Compensation Advisory Council Members from PERS		
R.C.	4141.08, 145.012		R.C.	4141.08, 145.012
Removes current and future Unemployment Compensation Advisory Council members from the Public Employees Retirement System (PERS) on and after the effective date of the bill. Specifies that the General Assembly does not intend this removal to prohibit the use of such service for calculation of benefits under the PERS Law for service prior to the provision's effective date. Specifies that the \$50 per day each Council member currently receives is to be considered a "meeting stipend."			Same as the Executive.	
Fiscal effect: Reduces ODJFS' employer contribution to PERS for council members who are no longer defined as state employees under PERS law.			Fiscal effect: Same as the Executive.	

Executive		As Passed by the House	As Reported by Senate Finance and Financial Institutions
110	JFS - 56	Payments from the Unemployment Compensation Special Administrative Fund	
R.C.	4141.11	R.C. 4141.11	
Removes the requirement that the ODJFS Director receive approval from the Unemployment Compensation Advisory Council in order to use the Unemployment Compensation Special Administrative Fund (UCSAF) for any of the following reasons: (1) The proper administration of the Unemployment Compensation Law (UCL) and either (a) no federal funds are available for the specific purpose for which the expenditure is to be made, under specified conditions; or (b) for which purpose appropriations from federal funds have been requested and approved but not received, provided the fund would be reimbursed upon receipt of the federal appropriation; (2) To the extent possible, the repayment to the Unemployment Compensation Administration Fund of moneys found by the proper U.S. agency to have been lost or expended for purposes other than, or an amount in excess of, those found necessary by the agency for UCL administration. Allows the ODJFS Director, rather than the Council under current law, to determine whether amounts in the UCSAF are considered to be excessive in order to have the excessive amounts transferred into the Unemployment Compensation Fund. Removes the requirement that UCSAF funds be continuously available to the Council for expenditures consistent with the UCL, but retains the requirement that those funds be continuously available to the Director.		Same as the Executive.	No provision.

Executive			As Passed by the House	As Reported by Senate Finance and Financial Institutions
Fiscal effect: Since the provision removes the requirement of Council-approval, the Council may meet less often resulting in a decrease in council-related costs for ODJFS.			Fiscal effect: Same as the Executive.	
111	JFS - 51	Employer Surcharge		
Sections: 309.50, 309.50.10 Reinstates ODJFS's ability to collect an employer surcharge and any associated fines assessed between calendar years 1988 and 1990. (Prior law required contributing employers to pay a surcharge in order to generate revenues to meet the costs of automating the Bureau.) Directs collected revenues to be deposited into SSR Fund 4A90, Unemployment Compensation Administrative.			Sections: 309.50, 309.50.10 Same as the Executive.	Sections: 309.50, 309.50.10 Same as the Executive.
Fiscal effect: Potential increase in revenue deposited into Fund 4A90 as ODJFS collects any outstanding fees from delinquent employers. This provision generates a few thousand dollars in revenue each year.			Fiscal effect: Same as the Executive.	Fiscal effect: Same as the Executive.

Executive			As Passed by the House	As Reported by Senate Finance and Financial Institutions
112	JFS - 52	Federal Unemployment Programs		
Section: 309.50.20			Section: 309.50.20	Section: 309.50.20
Appropriates any unspent funds from FY 2009 in FED Fund 3V40 appropriation item 600678, Federal Unemployment Programs, to ODJFS. At the request of the ODJFS Director, authorizes the Director of Budget and Management to increase appropriations for FY 2010 by the amount remaining unspent from the FY 2009 appropriation and increase appropriations for FY 2011 by the amount remaining unspent from the FY 2010 appropriation. Specifies that the appropriation be used for administrative activities for the UC program, employment services, or any other allowable expenditures under section 903(d) of the Social Security Act. Limits the appropriation increase to the balance of federal funds remaining after benefits are paid and obligated administrative expenditures are taken into account.			Same as the Executive.	Same as the Executive.

Executive		As Passed by the House	As Reported by Senate Finance and Financial Institutions
113	DAS - 58	Collective Bargaining for Care Providers	
		R.C. 4113.81, 4113.82 - 4113.86	R.C. 107.19
(1) No provision.		(1) Allows independent home care providers and independent child care providers to form and be represented by a representative organization for the purposes of collective bargaining and the reconciliation of grievances.	(1) No provision.
(2) No provision.		(2) Defines "independent home care provider" as any person who either provides home services under a Medicaid waiver component or through a state Medicaid plan amendment, with certain exclusions; defines "independent child care provider" as a child care provider categorized under the child care law.	(2) No provision.
(3) No provision.		(3) Specifies that a representative organization may become the exclusive representative of all of the providers in an appropriate bargaining unit via either an impartial election or by filing a request with the State Employment Relations Board (SERB); outlines procedures for both methods.	(3) No provision.
(4) No provision.		(4) Requires that, with regard to care providers, all matters pertaining to conditions of employment that are within the control of the state, as well as any modification to an existing collective bargaining agreement, be subject to collective bargaining.	(4) No provision.
(5) No provision.		(5) Prohibits the collective bargaining rights provided in this provision from altering the unique relations between providers and recipients of care, particularly in the ability of a recipient of care to choose their provider and the ability of the state to take appropriate disciplinary action under state or federal law.	(5) No provision.

Executive	As Passed by the House	As Reported by Senate Finance and Financial Institutions
(6) No provision.	(6) Grants SERB the authority to investigate, hold hearings, make determinations, and issue complaints regarding unfair labor practices with regard to care providers.	(6) No provision.
(7) No provision.		(7) Prohibits the Governor from issuing executive orders that have been previously issued and that the Federal Trade Commission, Office of Policy Planning, Bureau of Economics, or Bureau of Competition has determined to be anti-competitive and in violation of anti-trust laws. Deems such executive orders invalid and unenforceable.
	Fiscal effect: None, as the bill codifies existing practice as required in Executive Orders 2007 - 23s and 2008 - 02s.	Fiscal effect: None.

Executive			As Passed by the House	As Reported by Senate Finance and Financial Institutions
114	AGE - 34	PASSPORT Home First Report	<div>R.C. 173.401</div> <div>No provision.</div> <div>Eliminates a requirement that the ODJFS Director report annually on the number of individuals enrolled in PASSPORT, which the Department of Aging administers, pursuant to the home first process and the costs incurred and savings achieved as a result of the enrollments.</div> <div>Fiscal effect: The Departments may realize a minimal decrease in administrative costs.</div>	<div>R.C. 173.401</div> <div>Same as the House.</div> <div>Fiscal effect: Same as the House.</div>
115	AGE - 33	Statewide Expansion of Choices Program	<div>R.C. 173.402</div> <div>No provision.</div> <div>Requires that the Choices Program be available statewide, subject to federal approval.</div> <div>Fiscal effect: The Choices Program is funded with moneys appropriated to PASSPORT and the program is only open to individuals currently on PASSPORT. Choices consumers typically have higher average per member per month costs than PASSPORT consumers. Thus, there could be an increase in expenditures for those consumers who decide to enroll in Choices.</div>	<div>R.C. 173.403</div> <div>Same as the House, but codifies the provision in a different Revised Code section.</div> <div>Fiscal effect: Same as the House.</div>

Executive

As Passed by the House

As Reported by Senate Finance and Financial Institutions

116

AGE - 3

Home First Process for PACE

R.C. 173.501, 173.50

Establishes a home first process for the Program for All-Inclusive Care (PACE) under which an individual who is admitted to a nursing facility while on a waiting list for PACE is to be enrolled in the program in accordance with priorities established in rules if it is determined that PACE is appropriate for the individual and the individual would rather participate in PACE than continue residing in the nursing facility.

Requires the Director of Aging to report annually on the number of individuals enrolled in PACE pursuant to the home first process and the costs incurred and savings achieved as a result of the enrollments.

Fiscal effect: If individuals are enrolled into PACE and thus diverted from nursing homes, there could be savings to the state since PACE service costs are lower than nursing home service costs. The savings would depend upon the number of individuals diverted.

R.C. 173.501, 173.50

Same as the Executive.

No provision.

Fiscal effect: Same as the Executive, but there could be minimal savings as a result of the elimination of the report requirement.

R.C. 173.501, 173.50

Same as the Executive.

No provision.

Fiscal effect: Same as the House.

117

AGE - 36

Consolidated Federal Medicaid Waiver

No provision.

R.C. 5111.861, 173.40, 173.401, 173.402, 173.403, 5111.89, 5111.891, 5111.894, 5111.971

Requires the ODJFS Director to seek federal approval to consolidate the Assisted Living Program, Choices Program, and PASSPORT Program into one Medicaid waiver.

R.C. 5111.861, 173.40, 173.401, 173.403, 173.404, 5111.89, 5111.891, 5111.894, 5111.971

Same as the House.

Executive

As Passed by the House

As Reported by Senate Finance and Financial Institutions

No provision.	Requires those programs to be operated as separate Medicaid waivers until the state receives federal approval for the consolidated Medicaid waiver. Fiscal effect: Potential minimal decrease in administrative expenses due to the fact that ODA will not have to renew each waiver separately.	Same as the House, but codifies the provision regarding the Choices Program in a different Revised Code section. Fiscal effect: Same as the House.
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118

AGE - 28

Home First Program

Section: 209.20 Specifies that on a quarterly basis, on receipt of certified expenditures related to sections 173.401, 173.351, and 5111.894 of the Revised Code, the Director of Budget and Management may do the following: (1) Transfer cash from SSR Fund 5R20, Nursing Facility Stabilization, used by the Department of Job and Family Services, to SSR Fund 4J40, PASSPORT/Residential State Supplement, used by the Department of Aging; (2) Authorize additional expenditures from FED Fund 3C40, PASSPORT, when receipts credited exceed appropriated amounts; (3) Authorize additional expenditures from FED Fund 3G50, Interagency Reimbursement, used by the Department of Job and Family Services, when receipts credited exceed appropriated amounts. Specifies that individuals placed in the PASSPORT, Assisted Living, Residential State Supplement, and PACE pursuant to this section must be in addition to the individuals placed on these programs during FY 2010 and FY 2011 before any transfers to GRF appropriation item 490423, Long Term Care Budget - State, are made.	Section: 209.20 Same as the Executive. Same as the Executive. Same as the Executive. Same as the Executive. Same as the Executive.	Section: 209.20 Same as the Executive. Same as the Executive. Same as the Executive. Same as the Executive. Same as the Executive.
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Executive

As Passed by the House

As Reported by Senate Finance and Financial Institutions

119

AGE - 20

Transfer of Residential State Supplement Appropriations

Section: 209.30

Specifies that GRF appropriation item 490412, Residential State Supplement, and SSR Fund 4J40 appropriation item 490610, PASSPORT/Residential State Supplement, may be used by the Director of Aging to transfer cash, by intrastate transfer voucher, to SSR Fund 4J50, Home and Community Based Services for the Aged, used by the Department of Job and Family Services. Requires the transferred cash to be used for benefit payments to Residential State Supplement recipients.

Section: 209.30

Same as the Executive, but allows the Department of Aging to also transfer cash for the Residential State Supplement (RSS) Program to the Department of Mental Health through an intrastate transfer voucher for RSS benefit payments.

Section: 209.30

Same as the House.

120

AGE - 27

Transfer of Resident Protection Funds

Section: 209.30

Specifies that the Director of Budget and Management may transfer \$600,000 cash in each fiscal year from SSR Fund 4E30, Resident Protection, used by the Department of Job and Family Services, to SSR Fund 5BA0, Ombudsman Support, used by the Department of Aging.

Section: 209.30

Same as the Executive.

Section: 209.30

Same as the Executive.

Executive

As Passed by the House

As Reported by Senate Finance and Financial Institutions

121

AGE - 13

Unified Long-Term Care Budget

Section: 209.40 Creates the Unified Long-Term Care Budget Workgroup and requires the Workgroup to develop a unified long-term care budget. Requires the Directors of Aging and Budget and Management to annually submit a written report describing the progress towards establishing, or if already established, the effectiveness of the unified long-term care budget. Allows the Director of Budget and Management to seek Controlling Board approval to transfer cash from SSR Fund 5R20, Nursing Facility Stabilization, used by the Department of Job and Family Services, to SSR Fund 4J40, PASSPORT/Residential State Supplement, used by the Department of Aging. Appropriates any cash transferred to SSR Fund 4J40 appropriation item 490610, PASSPORT/Residential State Supplement. No provision.	Sections: 209.40, 173.43, 173.431 - 173.434 Same as the Executive. Same as the Executive, but requires the ODJFS Director to work with the Directors of Aging and Budget and Management on the annual report. Same as the Executive. Provides, subject to federal approval, that (1) the Department of Aging must enter into an interagency agreement with ODJFS under which the Department is to establish for each biennium a unified long-term care budget for home and community-based services covered by Medicaid programs the Department administers, (2) the Department must ensure that the budget covers and expands access to the home and community-based services, and (3) the Department or its designee must provide care management and authorization services with regard to state plan services the budget covers that are provided to	Sections: 209.40, 173.43, 173.431 - 173.434 Same as the Executive, but adds representatives of Medicaid managed care organizations appointed by the Governor to the workgroup and requires the continuum of services that are to be facilitated by the budget to promote a consumer's independence and autonomy. Same as the House. Same as the Executive. Same as the House, but requires the Department or Department's designee to ensure that persons providing care management and authorization services are properly certified or licensed by the state.
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Department of Job and Family Services		Main Operating Appropriations Bill		H. B. 1
Executive		As Passed by the House		As Reported by Senate Finance and Financial Institutions
Fiscal effect: The Department could experience a minimal increase in administrative expenses.		participants of a Medicaid waiver the Department administers. Fiscal effect: Same as the Executive.		Fiscal effect: Same as the Executive.

Executive			As Passed by the House	As Reported by Senate Finance and Financial Institutions
122	ADA - 6	Medicaid Rates for Community Behavioral Health Services	<div>Sections: 215.10, 215.20</div> <div>No provision.</div>	No provision.

Executive			As Passed by the House	As Reported by Senate Finance and Financial Institutions
123	DEV - 49	Workforce Development		
Section: 259.30.90			Section: 259.30.90	Section: 259.30.90
Requires the Director of Development and the Director of Job and Family Services to enter into one or more interagency agreements and take other actions to further the integration of a statewide workforce development strategy, implement recommendations and activities of the Workforce Policy Board, and expend moneys to support the Board's recommendations with respect to integration of employment functions.			Same as the Executive.	Same as the Executive.

Executive

As Passed by the House

As Reported by Senate Finance and Financial Institutions

Early Childhood

124

EDU - 116

Early Childhood Advisory Council and Early Childhood Financing Workgroup

<div>R.C.3301.90, Section 265.70.20</div> <div>Creates the Early Childhood Advisory Council to serve as the federally mandated state advisory council on early childhood education and care, and advise the state regarding the creation and duties of the Center for Early Childhood Development in ODE.</div> <div>Directs the Early Childhood Advisory Council to establish an Early Childhood Financing Workgroup, to be chaired by the chairperson of the Early Childhood Advisory Council, to develop recommendations for a single financing system for early care and education programs. Requires the Council to submit its recommendations to the Governor by December 31, 2009.</div> <div>No provision.</div> <div>Fiscal effect: There are likely minimal administrative costs associated with the implementation and duties of both the Early Childhood Advisory Council and the Early Childhood Financing Workgroup.</div>	<div>R.C.3301.90, Sections 265.70.20, 265.70.60</div> <div>Same as the Executive.</div> <div>Same as the Executive.</div> <div>Requires the Early Childhood Advisory Council to establish a Family Child Care Licensing Workgroup to develop recommendations that explore the implementation, costs, and timeline necessary for the creation of a statewide licensing system for family child care providers. Requires the Workgroup to submit its recommendations to the Governor and the General Assembly no later than December 31, 2009.</div> <div>Fiscal effect: Same as the Executive, but adds administrative costs associated with the Family Child Care Licensing Workgroup.</div>	<div>R.C.3301.90, Section 265.70.20</div> <div>Same as the Executive.</div> <div>Same as the Executive.</div> <div>No provision.</div> <div>Fiscal effect: Same as the Executive.</div>
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Department of Job and Family Services		Main Operating Appropriations Bill	H. B. 1
Executive		As Passed by the House	As Reported by Senate Finance and Financial Institutions
125	EDU - 57	Center for Early Childhood Development	
Section: 265.70.10		Section: 265.70.10	Section: 265.70.10
Directs the Superintendent of Public Instruction, in consultation with the Governor, to create the Center for Early Childhood Development, comprised of staff from ODE, the departments of Job and Family Services and Health, and any other state agency as determined necessary, to research and make recommendations regarding the transfer from various state agencies to ODE of the authority and responsibility to implement and coordinate early childhood programs and services for children, beginning with prenatal care until entry into kindergarten.		Same as the Executive.	Same as the Executive, but requires the Governor to partner with the Superintendent in the creation of the Center, rather than the Superintendent create the Center in consultation with the Governor.
Directs the Superintendent of Public Instruction to hire a Director for the Center.		Same as the Executive, except requires the Director to report to the Superintendent and to the Governor.	Same as the House, but also requires the Governor to partner with the Superintendent in the hiring of a Director for the Center.
Requires the Director of the Center for Early Childhood Development, in partnership with staff from ODE, to submit an implementation plan regarding coordination and implementation of early childhood education plans to the Superintendent and Governor not later than August 31, 2009.		Same as the Executive, but requires the Director to consider advice from the Early Childhood Advisory Council when submitting the plan and changes the deadline for submission of the plan to December 31, 2009.	Same as the House, but also requires the Director to partner with staff of the departments of Job and Family Services and Health, and any other state agency as determined necessary in the development of the implementation plan.
Permits the Director of Budget and Management to seek Controlling Board approval to create new funds and non-GRF appropriation items, transfer cash between funds, and transfer appropriations within the same fund used by the same state agency to support the preparation of the implementation plan.		Same as the Executive.	Same as the Executive.
No provision.		Requires the Governor to appoint a representative of local board of health to the Early Childhood Cabinet.	Same as the House.

Executive	As Passed by the House	As Reported by Senate Finance and Financial Institutions
No provision.	No provision.	Requires the Center to promote family-centered programs and services that acknowledge and support the social, emotional, cognitive, intellectual, and physical development of children and the vital role of families in ensuring the well-being and success of children.
Fiscal effect: Increase in personnel cost for the Director of the Center for Early Childhood Development.	Fiscal effect: Same as the Executive.	Fiscal effect: Same as the Executive.

126	EDU - 144	Early Learning Initiative	
Section: 309.40.60	Section: 309.40.60	Section: 309.40.60	
Requires each county department of job and family services (CDJFS) to determine eligibility for Title IV-A services for children seeking to enroll in an early learning program within 15 days after the CDJFS receives a completed application.	Same as the Executive.	Same as the Executive.	
Requires that ODJFS and ODE enter into an interagency agreement to claim expenditures for ELI to the state's TANF maintenance of effort requirement and develop reporting guidelines for these expenditures.	Same as the Executive.	Same as the Executive.	
Provides that an eligible child is a child (1) who is at least three years of age but not of compulsory school age or enrolled in kindergarten, (2) who is eligible for Title IV-A services, and (3) whose family income at the time of application does not exceed 200% of the federal poverty guidelines (FPG).	Same as the Executive.	Same as the Executive.	
Requires families of eligible children whose income is more than 100% of the federal poverty guidelines (FPG) and equal to or less than 200% FPG to pay copayments for ELI services and exempts families whose income is equal to or less than 100% FPG from co-payment requirements.	Same as the Executive.	Same as the Executive.	

Department of Job and Family Services		Main Operating Appropriations Bill	H. B. 1
Executive	As Passed by the House	As Reported by Senate Finance and Financial Institutions	
Specifies that once ODE selects an entity to be an early learning agency, ODJFS and ODE must enter into a contract with that entity, and ODE must designate the number of eligible children that the entity may enroll and must notify ODJFS of the number.	Same as the Executive.	Same as the Executive.	
Outlines the terms of the contract between ODJFS, ODE, and the early learning agency, as well as the duties of each early learning agency. Specifies both separate duties for ODJFS and ODE to fulfill for ELI, and joint duties.	Same as the Executive.	Same as the Executive.	
Reauthorizes the Early Learning Initiative (ELI), jointly administered by ODE and the Department of Job and Family Services (ODJFS) to provide early learning services on a full-day and part-day basis to TANF-eligible children.	Same as the Executive.	Same as the Executive.	
Requires ODJFS and ODE to contract for up to 12,000 enrollment slots for eligible children each fiscal year.	Same as the Executive.	Same as the Executive.	
No provision.	Requires early learning programs licensed by ODE under the Preschool Law to participate in the quality-rating program established under the Child Care Law.	Same as the House.	
Fiscal effect: Potential decrease in expenditures due to increase in copayments received from participating families. In FY 2008 and FY 2009 copayments were required only of families whose incomes were 165% FPG to 200% FPG. The executive proposal recommends funding ELI services through GRF appropriation item 600535, Early Care and Education, in the ODJFS budget. Expenditures from this appropriation item will be used to help meet the state's TANF maintenance of effort. In FY 2008 and FY 2009 ELI was funded through an earmark from the TANF Block Grant.	Fiscal effect: Same as the Executive, plus increased cost for ODJFS to include early learning programs in the quality rating program.	Fiscal effect: Same as the House.	

Executive			As Passed by the House	As Reported by Senate Finance and Financial Institutions
127	EDU - 213	Committee to Study Publicly Funded Child Care Services		
No provision.			No provision.	Section: 309.40.70 Creates a committee to study publicly funded child care services, including the Early Learning Initiative. Requires that the committee provide a report of its findings by June 30, 2010.
No provision.			No provision.	Requires that ODE provide the committee with meeting space and clerical assistance. Fiscal effect: Potential minimal increase in administrative costs for ODE to provide clerical assistance.

Appropriation Language

128	EDU - 84	Foundation Funding		
Section: 265.30.40 Provides the following concerning GRF appropriation item 200550, Foundation Funding: (1) Specifies that the appropriation includes \$75,000,000 in each fiscal year for the state education aid offset due to the change in public utility valuation as a result of Am. Sub. S.B. 3 and Am. Sub. S.B. 287, both of the 123rd G.A. Permits the Director of Budget and Management to increase or decrease the cash transfer from Fund 053, School District Property Tax Replacement-Utility, upon certification by ODE of the actual state aid offset.			Sections: 265.30.40, 265.50.55 Same as the Executive, but makes the following changes: (1) Same as the Executive.	Sections: 265.30.40, 265.50.55 Same as the Executive, but makes the following changes: (1) Same as the Executive, but increases the amount to \$90,000,000 in each fiscal year and specifies that the amount represents the offset for FY 2009.

Executive	As Passed by the House	As Reported by Senate Finance and Financial Institutions
(2) Specifies that the appropriation in FY 2010 includes \$106,768,866 and in FY 2011 includes \$238,511,467 for the state education aid offset due to the changes in tangible personal property valuation as a result of Am. Sub. H.B. 66 of the 126th G.A. Permits the Director of Budget and Management to increase or decrease the cash transfer from Fund 047, School District Property Tax Replacement - Business, upon certification by ODE of the actual state aid offset.	(2) Same as the Executive, but decreases the amount specified to \$11,900,000 in FY 2010 and \$39,300,000 in FY 2011.	(2) Same as the Executive, but increases the amount to \$119,000,000 in each fiscal year and specifies that the amount represents the offset for FY 2009.
(3) Earmarks up to \$425,000 in each fiscal year to help defray the cost of educating children who are placed in a private institution, school, or residential treatment center by the order of an Ohio court.	(3) Same as the Executive.	(3) Same as the Executive.
(4) Earmarks up to \$15,000,000 in each fiscal year to be reserved for payments to certain school districts with large changes in valuation. Permits the Controlling Board to increase the amount if requested.	(4) Same as the Executive.	(4) No provision.
(5) Earmarks up to \$10,000,000 in each fiscal year to provide additional state aid to school districts for the special education catastrophic cost supplement. Permits the Controlling Board to increase the amount if requested.	(5) Same as the Executive, but increases the earmark to \$18,000,000 in FY 2010 and \$15,000,000 in FY 2011.	(5) Same as the Executive.
(6) Earmarks up to \$2,000,000 in each fiscal year for Youth Services tuition payments.	(6) Same as the Executive.	(6) Same as the Executive.
(7) No provision.	(7) Earmarks up to \$8,100,000 in each fiscal year to fund gifted education units at educational service centers (ESCs).	(7) No provision. (This funding is provided in 200521, Gifted Pupil Program)
(8) Earmarks up to \$42,300,000 in each fiscal year to fund the state reimbursement of educational service centers (ESCs).	(8) Increases the earmark to \$47,000,000 in each fiscal year.	(8) Same as the House.

Executive	As Passed by the House	As Reported by Senate Finance and Financial Institutions
(9) Requires that an amount be available in each fiscal year for transitional aid for school districts.	(9) Same as the Executive.	(9) No provision.
(10) Earmarks up to \$1,000,000 in each fiscal year for a program to pay for educational services for youth who have been assigned by a juvenile court or other authorized agency to a facility participating in the private treatment facility project.	(10) Same as the Executive.	(10) Same as the Executive.
(11) Earmarks up to \$8,686,000 in FY 2010 and \$8,722,860 in FY 2011 to operate "the school choice program."	(11) Same as the Executive, but earmarks the funds for "school choice programs."	(11) Same as the House.
(12) Specifies that up to \$11,901,887 in each fiscal year of the foundation program funds credited to the Cleveland Municipal School District be used to operate the school choice program in that district. Further specifies that of that amount, up to \$1,000,000 in each fiscal year be used by the district to provide tutorial assistance. Requires that the use of funds for tutorial assistance be reported in the district's three-year continuous improvement plan.	(12) Same as the Executive.	(12) Same as the Executive.
(13) Earmarks \$263,184,858 in FY 2010 and \$268,185,371 in FY 2011 to fund joint vocational school districts (JVSDs).	(13) Same as the Executive, but does not specify an amount.	(13) Same as the House.
(15) No provision.	(15) Permits the Director of Budget and Management, at the request of the Superintendent of Public Instruction, to transfer appropriation between item 200550 and GRF appropriation item 200551, Foundation Funding - Federal Stimulus, including transferring appropriation between fiscal years. Requires the Director to report each transfer to the Controlling Board.	(15) Same as the House.
(14) Specifies that GRF appropriation items 200455, Community Schools; 200502, Pupil Transportation; 200540, Special Education Enhancements; 200541, Special	(14) Same as the Executive, but removes GRF appropriation items 200541, Special Education - Federal Stimulus, and 200609, Poverty Funding - Federal Stimulus from the list of	(14) Same as the House, but removes 200455, Community Schools, and adds 200521, Gifted Pupil Program to the list of items that collectively fund state formula aid obligations.

Executive	As Passed by the House	As Reported by Senate Finance and Financial Institutions
Education - Federal Stimulus; 200550, Foundation Funding; 200551, Foundation Funding - Federal Stimulus; and 200609, Poverty Funding - Federal Stimulus, other than specific set-asides, are to fund state formula aid obligations. Provides that ODE seek Controlling Board approval to transfer funds among these items, or other GRF appropriation items in which there are excess appropriation, in order to meet these obligations.	items that collectively fund state formula aid obligations.	

Executive		As Passed by the House	As Reported by Senate Finance and Financial Institutions
129	GOV - 1	Service Coordination Workgroup	
Section: 751.20		Section: 751.20	Section: 751.20
(1) Creates the Service Coordination Workgroup to develop procedures for coordinating services that any of the following provide to individuals under age 21 and their families: the Office of the Governor, the Departments of Alcohol and Drug Addiction Services, Education, Health, Job and Family Services, Mental Health, Mental Retardation and Developmental Disabilities, and Youth Services; the Office of Budget and Management; and the Family and Children First Cabinet Council.		(1) Same as the Executive.	(1) Same as the Executive.
(2) Requires the Workgroup, not later than July 31, 2009, to submit a report to the Governor with recommendations for implementing the procedures.		(2) Same as the Executive.	(2) Same as the Executive.
(3) Permits the Director of Budget and Management to seek Controlling Board approval to transfer cash and appropriations as necessary to implement the Workgroup's recommendations.		(3) Same as the Executive.	(3) No provision.
Fiscal effect: Since the representative of the Governor's Office is to serve as the chairperson of the Council, this provision may cause a minimal increase in the Governor's Office's costs to produce the workgroup's report.		Fiscal effect: Same as the Executive.	Fiscal effect: Same as the Executive.

Executive			As Passed by the House	As Reported by Senate Finance and Financial Institutions
130	DOH - 44	BCMH Drug Rebate Program		
		No provision.	No provision.	R.C. 3701.0212, 3701.021, 5111.081 Allows the Director of Health to establish the Drug Rebate Program for Medically Handicapped Children (the BCMH Drug Rebate Program), requires the Program to be substantially similar to the Medicaid Supplemental Drug Rebate Program, allows the Director of Health and the Director of Job and Family Services to cooperate in obtaining rebates for all drug products that are covered by both programs, and authorizes the Department of Job and Family Services to act as the administrative agent for collection of rebates for the BCMH Drug Rebate Program.
		No provision.	No provision.	Requires all rebates and funds received by the Program to be used for administration of the Program for Medically Handicapped Children (the BCMH Program).
		No provision.	No provision.	Requires the Director of Health to consult with drug manufacturers regarding the implementation of the BCMH Drug Rebate Program, if established. Fiscal effect: The state could receive drug rebate revenue. ODH and the Department of Job and Family Services could experience an increase in administrative costs for the program, which will eventually be paid from moneys in the Drug Rebate for Medically Handicapped Children Fund once drug rebate revenue is received.

Executive			As Passed by the House	As Reported by Senate Finance and Financial Institutions
131	DOH - 27	Nursing Facility Technical Assistance Program		
Section: 289.20			Section: 289.20	Section: 289.20
Specifies that on July 1, 2009, or as soon as possible thereafter, the Director of Budget and Management, may transfer cash from SSR Fund 4E30, Resident Protection, used by the Department of Job and Family Services, to SSR Fund 5L10, Nursing Facility Technical Assistance Program, used by the Department of Health. Requires the transfer to be equal to \$698,595 in each fiscal year.			Same as the Executive.	Same as the Executive, but specifies that up to \$698,595 in each fiscal year, rather than \$698,595 in each fiscal year may be transferred.

Executive

As Passed by the House

As Reported by Senate Finance and Financial Institutions

132

INS - 16

Health Care Coverage and Quality Council

<div>R.C.3923.90, 3923.91</div> <div>(1) Creates a 26-member Health Care Coverage and Quality Council to advise the Governor, General Assembly, public and private entities, and consumers on strategies to expand affordable health insurance coverage to more individuals and improve the cost and quality of Ohio's health care system. Enumerates the criteria for selecting those Council members. Specifies that members be reimbursed for mileage and other necessary expenses only. Requires the Council to issue a report on or before December 31 of each year. Exempts the Council from the current sunset requirement.</div> <div>(2) Requires advice and consent of the Senate for members appointed by the Governor.</div> <div>3) No provision.</div>	<div>R.C.3923.90, 3923.91</div> <div>(1) Same as the Executive, but revises the membership of the Council by (a) substituting the Director of Health for the Director of the Office of Healthy Ohio in the Department of Health, (b) including two additional members selected according to specified criteria, (c) removing one member appointed by the Governor, and (d) adding an unspecified number of other members appointed by the Superintendent of Insurance. Makes changes to certain duties that the Council is required to perform. Permits, rather than requires, reimbursement of necessary expenses for members.</div> <div>(2) No provision.</div> <div>(3) No provision.</div>	<div>R.C.3923.90, 3923.91, Section 307.20</div> <div>(1) Same as the House, but does not permit Council members to be reimbursed for mileage and necessary expenses and requires the Council to hold its first meeting by September 1, 2009.</div> <div>(2) Same as the Executive.</div> <div>(3) Requires the Council to evaluate and recommend strategies pursuant to the Ohio Medicaid Administrative Study Council's recommendations to establish an initiative conducted by clinicians in the Office of Ohio Health Plans within the Department of Job and Family Services (JFS) regarding disease prevention and management and Medicaid claims. Requires the Council to submit a report of its findings and recommendations to the Governor, Senate President, and Speaker of the House by not later than June 30, 2010.</div>
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Executive	As Passed by the House	As Reported by Senate Finance and Financial Institutions
<p>Fiscal effect: Increases the Department of Insurance's administrative costs related to the Health Care Coverage and Quality Council. The 26 members of the Council are not to be compensated for their services, but will be reimbursed for mileage and other necessary expenses. The executive proposal includes \$479,575 each fiscal year in a new line item, 820609, State Coverage Initiative Administration, in order to cover administrative costs of the Council. The new line item is funded by the Department of Insurance Operating Fund (SSR Fund 5540).</p>	<p>Fiscal effect: Same as the Executive, but may increase the reimbursement expenses if the Superintendent appoints more than one member. Allows for a reduction in the increase in administrative costs, due to provision making reimbursement of necessary expenses permissive. If there is any such increase, it would likely be minimal.</p>	<p>Fiscal effect: Reduces the increase in administrative costs from the Executive proposal, due to removal of provision for payment of necessary expenses for Council members.</p>

133	INS - 24	Health Insurance Coverage of Autism Spectrum Disorders	
			<p>Sections: <i>307.10, 1739.05, 1751.68, 3923.84, and Section 271.10</i></p>
(1) No provision.		(1) Earmarks up to \$20,000 in FY 2010 of SSR Fund 5540 appropriation item 820606, Operating Expenses, to be used by the Department of Insurance for a study related to autism spectrum disorder coverage, and requires the study to be completed by January 31, 2010.	(1) No provision.
(2) No provision.		(2) Requires the Director of Budget and Management, in FY 2010, to transfer \$20,000 cash from the General Revenue Fund to Fund 5540.	(2) No provision.
(3) No provision.		(3) Prohibits health insurers from excluding coverage for specified autism services for individuals diagnosed with an autism spectrum disorder but allows insurers to impose a yearly maximum of \$36,000 on coverage of those services. Allows an insurer to opt out of the required coverage if the insurer can show that the incurred claims for those coverages caused the insurer's costs to increase by more than 1% and that the increase could reasonably justify an	(3) No provision.

Executive	As Passed by the House	As Reported by Senate Finance and Financial Institutions
	increase of more than 1% in the annual premiums or rates charged by the insurer for health insurance coverage. Exempts this provision from the existing law requirement that the Superintendent of Insurance review all new health benefit mandates before a mandate may take effect.	
(4) No provision.	(4) Requires the Director of Mental Retardation and Developmental Disabilities to convene a committee on the coverage of autism spectrum disorders to investigate and recommend additional treatments or therapies for autism spectrum disorders to be covered by health insurers.	(4) No provision.
(5) No provision.	(5) Delays the applicability of the requirements to plans that are issued or renewed six months after the bill's effective date.	(5) No provision.
(6) No provision.	(6) Requires the Director of Budget and Management to transfer \$1.62 million from the GRF to the State Employee Health Benefit Fund (Fund 8080) on June 30, 2010, or as soon as possible thereafter.	(6) No provision.

Executive

As Passed by the House

As Reported by Senate Finance
and Financial Institutions

Fiscal effect: The provision to mandate coverage for screening, diagnosis, and treatment of an autism spectrum disorder may potentially increase the costs to Medicaid in the tens of millions of dollars per year. The federal government would likely reimburse approximately 60% of any increase in Medicaid spending if federal rules allow the federal matching rate to apply. It would increase costs to the state's health benefit plan for employees and their dependents by approximately \$1.62 million in FY 2011, assuming such coverage applies to approximately 45 children under age 6 per year. The GRF would pay the cost of coverage for approximately half the individuals, with various state funds providing the rest. It would also increase costs, potentially in the millions per year, to counties, municipalities, townships, and school districts statewide of providing such coverage in their health benefits to employees and their dependents.

Executive

As Passed by the House

As Reported by Senate Finance and Financial Institutions

134	DMH - 17	Care Coordination Information		
			R.C. 121.375	R.C. 121.375
	No provision.		Permits a care coordination agency to provide certain information to the Ohio Family and Children First Cabinet Council regarding care coordination for at-risk individuals and permits the Council to use the information to help improve care coordination for at-risk individuals throughout the state. Fiscal effect: None.	Same as the House, but (1) permits the Cabinet Council to give incentives to encourage care coordination agencies to provide the information and (2) requires the Cabinet Council to adopt rules defining the terms "at-risk individual" and "care coordination agency" rather than having the statute define the terms. Fiscal effect: Minimal increase in administrative costs for the Cabinet Council to promulgate rules and potential increase in costs to provide incentives to care coordination agencies.

135	DMH - 16	Regional Care Coordination Hubs		
			Sections: 335.10, 335.40.15	
	No provision.		Earmarks \$130,000 in each fiscal year of GRF appropriation item 335405, Family & Children First, to each of the regional care coordination hubs to be used to (1) help care coordination agencies, (2) collect certain information from care coordination agencies, and (3) compile the information and provide it to the hubs' governing boards and the Ohio Family and Children First Cabinet Council.	No provision.
	No provision.		Earmarks \$124,000 in each fiscal year of GRF appropriation item 335405, Family & Children First, to the Ohio Family and Children First Cabinet Council to be used to provide support services to the regional care coordination hubs, receive the information the regional care coordination hubs provide to the Council, and use the information to help improve care	No provision.

Executive

As Passed by the House

As Reported by Senate Finance and Financial Institutions

coordination services throughout the state.

136

DMH - 18

Medicaid Rates for Community Behavioral Health Services

Sections: 335.10, 335.40.30

No provision.

Requires that \$669,912 in FY 2010 and \$1,261,286 in FY 2011 of GRF appropriation item 335505, Local Mental Health Systems of Care, be provided to local boards to pay the nonfederal share of the 1/2% increase in the Medicaid reimbursement rate ceilings for Medicaid-covered community behavioral health services. (The provision that increases the provider rate is in the Department of Job and Family Services in Section 309.30.75 of the bill.)

No provision.

137

DMH - 4

Advisory Group Regarding Medicaid-Covered Community Behavioral Health Services

Section: 729.10

Creates the Medicaid Elevation Advisory Group.

Provides for the following to serve on the Group: (1) the ODMH and ODADAS Directors or their designees, (2) representatives of ADAMHS boards, (3) representatives of providers of community behavioral health services, (4) consumers of community behavioral health services and advocates of consumers, and (5) certain state policy makers.

Requires the Group to study the issue of transferring the responsibility for paying providers of Medicaid-covered community behavioral health services and related management responsibilities to ODMH and ODADAS from ADAMHS boards.

Section: 751.10

Same as the Executive, but renames the Group the Medicaid Community Behavioral Health Elevation and Administration Advisory Group.

Same as the Executive, but (1) adds the ODJFS Director or the Director's designee to the Group and (2) permits various organizations to nominate individuals to serve on the Group.

Replaces the Executive provision with a provision that requires the Group to study the statewide administration and management of Medicaid-covered community behavioral health services.

Section: 751.10

Same as the Executive, but renames the Group the Medicaid Community Behavioral Health Administration Advisory Group.

Same as the House.

Same as the House, but removes the requirement that the administration and management being studied be statewide.

Executive	As Passed by the House	As Reported by Senate Finance and Financial Institutions
<p>Requires the Group to issue a report regarding its study not later than June 30, 2010, and requires the report to include (1) a fiscal analysis of the impact that transferring payment responsibility and related management responsibilities would have on ODMH, ODADAS, and the ADAMHS boards, (2) recommendations for increasing efficiencies, and (3) recommendations for system changes needed to transfer payment responsibility to ODMH and ODADAS.</p>	<p>Same as the Executive, but requires the report to include instead (1) a plan for the statewide administration and management of Medicaid-covered community behavioral health services, (2) a fiscal analysis of the impact any changes to the system of paying providers and related management functions would have on ODMH, ODADAS, and the ADAMHS boards, (3) recommendations for increasing efficiencies, and (4) recommendations for system changes needed to implement the statewide administration and management of the Medicaid-covered community behavioral health services.</p>	<p>Same as the House, but (1) removes the requirement that the administration and management be uniform and statewide, (2) requires the fiscal analysis to be of the impact that changing the entity responsible for paying providers would have on ODMH, ODADAS, and the ADAMHS boards, and (3) requires the recommendations regarding system changes be for system changes needed for the effective administration and management of Medicaid-covered community behavioral health services.</p>
<p>Requires ODMH and ODADAS to assume responsibility for paying providers of Medicaid-covered community behavioral health services and related management responsibilities not later than July 1, 2011, but provides that the Departments' assumption of the payment and related management responsibilities is subject to any necessary changes in state law, including changes related to funding.</p>	<p>Replaces the Executive provision with a provision that requires ODMH and ODADAS to implement, under ODJFS's supervision, changes to the administration and management of Medicaid-covered community behavioral health services (including changes to the system of paying providers) not later than July 1, 2011, but provides that the implementation of the changes is subject to enactment or adoption of any necessary changes in state law, including changes related to funding.</p>	<p>Replaces the House provision with a provision that permits ODMH and ODADAS to implement, under ODJFS's supervision, the Group's recommendations, but provides that implementation of the recommendations is subject to changes in any conflicting state law, including changes related to funding.</p>
<p>Fiscal effect: Minimal increase in ODMH's and ODADAS' costs to produce the required report. May cause minimal increase in ODMH's and ODADAS' costs to reimburse members for travel expenses.</p>	<p>Fiscal effect: Same as the Executive.</p>	<p>Fiscal effect: Same as the Executive.</p>

Executive			As Passed by the House	As Reported by Senate Finance and Financial Institutions
138	DMH - 19	Community Behavioral Health Services Study	<div><div>Section: 751.13</div><div>No provision.</div><div>Requires the Mental Health Director, ODADAS Director, and ODJFS Director to convene a group to develop recommendations regarding the amount, duration, and scope of publicly funded community behavioral health services that should be available through Ohio's community behavioral health system.</div><div>Fiscal effect: Minimal increase for the participating agencies to produce the required report.</div></div>	<div><div>Section: 751.13</div><div>Same as the House.</div><div>Fiscal effect: Same as the House.</div></div>

Executive			As Passed by the House	As Reported by Senate Finance and Financial Institutions
139	DMR - 3	ODMR/DD and ODJFS Administration and Oversight Funds		
R.C.	5123.0412		R.C. 5123.0412	R.C. 5123.0412
Permits ODMR/DD and the Department of Job and Family Services to use money in their respective administration and oversight funds for Medicaid administrative costs in general rather than just the administrative and oversight costs of Medicaid case management services and ODMR/DD-administered home and community-based Medicaid waiver services.			Same as the Executive.	Same as the Executive.
Fiscal effect: Broadens the use of the dollars in the funds.			Fiscal effect: Same as the Executive.	Fiscal effect: Same as the Executive.
140	DMR - 26	County MR/DD Board Levy Failure		
			R.C. 5123.0413, 5123.049, 5126.0512, 5126.19	R.C. 5123.0413, 5123.049, 5126.0512, 5126.19
No provision.			Eliminates a requirement that ODMR/DD adopt rules establishing a method of paying for extraordinary costs and ensure the availability of adequate funds in the event a county property tax levy for services with individuals with MR/DD fails and requires instead that ODMR/DD adopt rules to establish, in the event such a levy fails, methods of (1) paying for home and community-based services and (2) reducing the number of individuals a county MR/DD board would otherwise be required to ensure are enrolled in home and community-based services.	Same as the House.
No provision.			Abolishes the State MR/DD Risk Fund and the State Insurance Against MR/DD Risk Fund.	Same as the House.

Executive		As Passed by the House	As Reported by Senate Finance and Financial Institutions
		Fiscal effect: Minimal administrative costs associated with the development of rules and potential savings to county MR/DD boards in waiver costs if the number of individuals required to be enrolled is reduced.	Fiscal effect: Same as the House.
141	DMR - 29	Nursing Home Seeking Residential Facility License	
	No provision.	No provision.	R.C. 5123.193, 5111.21, 5111.211, 5123.19 Establishes conditions under which a nursing home seeking licensure as residential facility for up to 25 persons with mental retardation or a developmental disability is not required to obtain approval of a development plan.
	No provision.	No provision.	Provides that an ICF/MR is not required to have received approval of a development plan to be eligible for Medicaid payments if, under the bill, the ICF/MR obtained licensure as a residential facility without having to obtain approval of a development plan.
	No provision.	No provision.	Provides that ODMR/DD is not responsible for the state share of a Medicaid claim for ICF/MR services even though the ICF/MR receives initial certification as an ICF/MR after June 1, 2003, if the ICF/MR, pursuant to the bill, obtained licensure as a residential facility without having to obtain approval of a development plan. Fiscal effect: Potential savings to ODMR/DD.

Executive			As Passed by the House	As Reported by Senate Finance and Financial Institutions
142	DMR - 2	MR/DD Personnel Providing Specified Health Care Services		
R.C. 5123.42				
Provides that in a community living arrangement certified MR/DD personnel who are not health professionals may be authorized to provide certain health-care services to not more than five, rather than four, individuals with mental retardation or a developmental disability.			No provision.	No provision.
Fiscal effect: Potential savings to ODMR/DD.				
143	DMR - 1	Number of Persons Living Together in Supported Living		
R.C. 5126.01				
Provides that under the Supported Living program an individual with mental retardation or a developmental disability may reside in a residence of the individual's choice with up to four, rather than up to three, other individuals with mental retardation or a developmental disability who are not the individual's relatives.			No provision.	No provision.
Fiscal effect: Potential savings to ODMR/DD.				
144	DMR - 25	County MR/DD Board Business and Medicaid Services Managers		
			R.C. 5126.054	R.C. 5126.054
No provision.			Revises the conditions by which a county MR/DD board may satisfy a requirement to have a business manager and Medicaid services manager.	Same as the House.

Executive		As Passed by the House	As Reported by Senate Finance and Financial Institutions
		Fiscal effect: Potential savings to county MR/DD boards by allowing county boards to share business and Medicaid service managers.	Fiscal effect: Same as the House.
145	DMR - 24	Summary Page for MR/DD Individual Service Plans	
		R.C. 5126.055	R.C. 5126.055
No provision.		Requires a county MR/DD board to include with each individualized service plan a summary page, agreed to by the board, provider, and individual, clearly outlining the amount, duration, and scope of services to be provided under the plan.	Same as the House.
		Fiscal effect: Minimal.	Fiscal effect: Same as the House.
146	DMR - 8	Fiscal Plan for Home and Community-Based Services	
Section: 337.30.40		Section: 337.30.40	Section: 337.30.40
Requires the Director of MR/DD to submit a plan to the Director of Job and Family Services not later than December 31, 2009, with recommendations for actions to be taken addressing the fiscal sustainability of home and community-based services provided under Medicaid waiver programs ODMR/DD administers.		Same as the Executive, but specifies that any recommendations on modifying the methodology used in establishing provider payment rates may address (1) wages and benefits of persons who provide direct care and (2) training and supervision of those persons.	Same as the House.
Fiscal effect: Minimal.		Fiscal effect: Same as the Executive.	Fiscal effect: Same as the Executive.

Executive

As Passed by the House

As Reported by Senate Finance and Financial Institutions

Sales and Use Taxes

147	TAX - 23	Sales Taxation of Medicaid-Provided Health Care Services	
R.C.	5739.01, 5739.03, 5739.033, 5739.051	R.C.	5739.01, 5739.03, 5739.033, 5739.051
Subjects to sales and use tax health care services provided or arranged by a Medicaid health insuring corporation for Medicaid enrollees residing in Ohio. Eliminates the tax on those services if federal authorities determine that subjecting those services to taxation constitutes an impermissible "health-care related tax," the imposition of which results in a reduction in federal financial assistance for Medicaid services.		Same as the Executive, but makes technical changes.	
Fiscal effect: The executive proposal estimates that this provision will increase revenue to the GRF by \$138.0 million in FY 2010 and by \$214.0 million in FY 2011; under the current distribution of the share of sales and use tax revenues to local government funds, the Local Government Fund and the Public Library Fund would gain \$8.6 million in FY 2010 and \$13.4 million in FY 2011. Revenues to local governments under permissive local and transit authorities sales taxes may be up to \$31.5 million in FY 2010 and \$48.9 million in FY 2011.		Fiscal effect: Same as the Executive.	

Executive

As Passed by the House

As Reported by Senate Finance and Financial Institutions

Other Taxation Provisions

148	TAX - 22	Domestic and Foreign Insurance Taxes - Medicaid Managed Care		
R.C.	5725.18, 5725.25, 5729.03		R.C.	5725.18, 5725.25, 5729.03
Includes Medicaid premiums received by insurance companies within the tax bases of these taxes. If the insurance company is a domestic insurance company, i.e., if it is headquartered in Ohio, includes the premiums in the domestic insurance tax base. If the company is headquartered in another state, includes the premiums in the foreign insurance tax base.			Same as the Executive.	
Fiscal effect: The executive proposal estimates this provision will increase revenue to the GRF by \$25.1 million in FY 2010 and by \$39.1 million in FY 2011.			Fiscal effect: Same as the Executive.	