

Executive

MCDCD40 ODM assistant director

R.C. 121.05, 5160.04

Permits the ODM Director to designate up to two assistant directors.

Fiscal effect: None.

MCDCD34 Optional Medicaid coverage group

R.C. 5163.062, 5163.06, 5163.102

Grants Medicaid coverage to both pregnant women and children under age 19 with incomes up to 300% of FPL, and to a reasonable classification of children under age 19 adopted through private agencies. Requires ODM to exercise the presumptive eligibility option for those individuals.

Fiscal effect: Increase in Medicaid expenditures.

MCDCD37 Medicaid eligibility redeterminations

R.C. 5163.52, (Repealed)

Repeals a law that requires ODM to do both of the following if federal Medicaid funding is contingent on limiting ODM's ability to disenroll ineligible recipients:

- (1) Continue to conduct eligibility redeterminations and act on them to the fullest extent permitted by federal law;
- (2) Within 60 days of the end of the limitation, complete an audit in which ODM completes and acts on eligibility redeterminations for all recipients for whom a redetermination has not been conducted in the past 12 months, request approval from the federal government to complete and act on eligibility redeterminations for recipients enrolled during the period of limitation, and submit a report to the General Assembly.

Fiscal effect: None.

MCDCD29 Medicaid coverage of services at outpatient health facilities

R.C. 5164.05, (Repealed)

Repeals law that requires the Medicaid program to cover comprehensive primary health services provided by outpatient health facilities with valid provider agreements.

Fiscal effect: None.

MCDCD31 Criminal records checks – Medicaid providers, independent providers, and waiver agencies

R.C. 5164.34, 5164.341, 5164.342

Revises the law governing the availability of reports of criminal records checks for Medicaid providers, independent providers, and waiver agencies and their employees in the following ways:

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- (1) With respect to a waiver agency, authorizes a report of an employee's criminal records check to be made available to a court, hearing officer, or other necessary individual involved in a case or administrative hearing dealing with a denial, suspension, or termination of a provider agreement;
- (2) With respect to a Medicaid provider or independent provider, authorizes a report of an employee's or provider's criminal records check to be made available to a court, hearing officer, or other necessary individual involved in a case or administrative hearing dealing with a provider agreement suspension;
- (3) Authorizes the foregoing reports to be introduced at hearings and if admitted, to become part of hearing records.
- (4) Requires any such report to be admitted only under seal and specifies that it retains its status as not a public record.

Fiscal effect: None.

MCD32 Suspension of Medicaid provider agreements and payments

R.C. 5164.36

Revises as follows the law governing the suspension of Medicaid provider agreements and payments in cases of credible allegations of fraud or disqualifying indictments against Medicaid providers or their officers, agents, or owners:

- (1) Adds two circumstances until which the suspension of a provider agreement may continue: (a) the provider paying in full fines and debts it owes ODM, and (b) the provider no longer having certain civil actions pending against it. Requires that the suspension continue until the latest of either of those circumstances;
- (2) Prohibits ODM from suspending a provider agreement or Medicaid payments if the provider or owner can demonstrate good cause;
- (3) Requires ODM to grant a provider or owner, before a suspension, an opportunity to demonstrate that the provider or owner did not sanction the action of an agent or employee that resulted in a credible allegation of fraud or disqualifying indictment (for purposes of the law prohibiting ODM from suspending an agreement or payments in such a circumstance);
- (4) Eliminates the requirement that ODM review documents submitted in a suspension reconsideration request and notify the requestor of its decision within 45 days after receiving them.

Fiscal effect: None.

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MCD39 Medicaid provider offense penalties including overpayments by deception**R.C. 5164.60, 5164.35**

Limits the time frame for which interest is assessed against a Medicaid provider for overpayments to the time period determined by ODM but not to exceed the period from the payment date until repayment, instead of for the period from the payment date until repayment.

Includes in this change interest assessed against a Medicaid provider that willingly or by deception received overpayments or unearned payments.

Clarifies that when a Medicaid provider agreement is terminated for engaging in prohibited activities, the provider may not provide Medicaid services on behalf of any other Medicaid provider.

Fiscal effect: None.

MCD30 Low case-mix residents**R.C. 5165.01, 5165.152, 5165.192**

Updates terminology relating to nursing facility case-mix scores from "low resource utilization resident" to "low case-mix resident" due to a new federal case-mix model, and updates the formula used to calculate these case-mix scores.

MCD42 Nursing facility field audit manual and program**R.C. 5165.109**

Eliminates the requirement that ODM establish a manual and program for field audits of nursing facilities.

Instead, requires that audits conducted by an auditor under contract with ODM be conducted using procedures agreed upon by the auditor and ODM, and that audits conducted by ODM meet existing field audit requirements except for certain eliminated procedures.

Fiscal effect: None.

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MCD27 Debt owed to CMS

R.C. 5165.52, 5165.521, 5165.525, 5165.526, 5165.528

Eliminates the following provisions related to debts an exiting operator of nursing facilities owes to the U.S. Centers for Medicare and Medicaid Services (CMS):

A requirement that ODM determine other actual and potential debts the exiting operator owes or may owe to CMS.

Authorization for ODM to withhold from a payment due to an exiting operator the total amount the exiting operator owes or may owe to CMS.

A requirement that ODM determine the actual amount of debt an exiting operator owes to CMS by completing all final fiscal audits not already completed and performing other appropriate actions.

Authorization for ODM to deduct any amount an exiting operator owes CMS when releasing amounts withheld from the operator.

Authorization to use cash in the Medicaid Payment Withholding Fund to pay CMS amounts an exiting operator owes CMS under Medicaid.

Fiscal effect: None.

MCD26 Debt summary report

R.C. 5165.525

Regarding an existing requirement that ODM determine the actual amount of debt an exiting operator of a nursing facility owes ODM, requires ODM to issue a final debt summary report, instead of having an initial or revised debt summary report become the final debt summary report.

Fiscal effect: None.

MCD36 Special Focus Facility Program

R.C. 5165.771

Aligns statutory language regarding the Special Focus Facility (SFF) program with federal changes to the program.

Prohibits a nursing facility from appealing an ODM order terminating a nursing facility's participation in the Ohio Medicaid program if the appeal challenges (1) standard health survey findings under the SFF program or (2) a U.S. Centers for Medicare and Medicaid Services (CMS) determination to terminate the nursing facility's participation in the Medicare or Medicaid program.

Instead, requires such appeals to be brought to (1) ODH or (2) CMS, respectively.

Fiscal effect: None.

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MCD33 Obsolete Medicaid waiver language

R.C. 5166.12, (Repealed), 173.51, 173.52, 173.521, 173.522, 173.54, 173.542, 173.544, 5166.01, 5166.02, 5166.16, 5166.30, Repealed: 5166.14, 5166.141

Removes references to the Uniform Long-term Services and Support Medicaid waiver program that was never implemented.

Fiscal effect: None.

MCD35 Medicaid managed care organization credentialing process

R.C. 5167.102, (Repealed), 5167.12

Repeals the requirement that ODM permit Medicaid managed care organizations to create a credentialing process for providers.

Fiscal effect: None.

MCD41 Joint Medicaid Oversight Committee reporting

R.C. 5168.90

Reduces the frequency of required reporting from the ODM Director to JMOC regarding specified fees from quarterly to semiannually.

Fiscal effect: None.

MCD1 Medicaid Health Care Services

Section: 333.20

Requires that GRF ALI 651525, Medicaid Health Care Services, not be limited by the law that requires that unexpended balances of appropriations revert to the funds from which they were made at the end of the appropriation period.

MCD2 Lead abatement and related activities

Section: 333.30

Allows the OBM Director, upon the request of the ODM Director, to transfer state share appropriations from GRF ALI 651525, Medicaid Health Care Services, to ALIs in other state agencies for the purposes of lead abatement and related activities. Permits the OBM Director, if such a transfer occurs, to adjust the federal share of GRF ALI 651525 accordingly.

Allows the ODM Director to transfer federal funds for these transactions.

Appropriates any transferred amounts.

MCD3 Hospital Franchise Fee Program

Section: 333.40

Permits the OBM Director to authorize additional expenditures from Fund 3F00 ALI 651623, Medicaid Services - Federal; GRF ALI 651525, Medicaid Health Care Services, and Fund 5GF0 ALI 651656, Medicaid Services - Hospital Franchise Fee, to implement the programs authorized by the law establishing the hospital franchise fee. Appropriates any authorized amounts.

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MCD4 Medicare Part D

Section: 333.50

Permits GRF ALI 651526, Medicare Part D, to be used by ODM for the implementation and operation of the Medicare Part D requirements contained in the Medicare Prescription Drug, Improvement, and Modernization Act of 2003.

Permits the OBM Director, upon the request of ODM, to transfer the state share of appropriations between GRF ALIs 651525, Medicaid Health Care Services, and 651526, Medicare Part D.

Requires the OBM Director to adjust the federal share of ALI 651525, if the state share is adjusted.

Requires ODM to provide notification to the Controlling Board of any such transfers at the next scheduled meeting.

MCD5 Care Innovation and Community Improvement Program

Section: 333.60

Requires, conditional on federal approval, the ODM Director to continue the Care Innovation and Community Improvement Program (CICIP) for the FY 2024-FY 2025 biennium and permits any nonprofit hospital agency affiliated with a state university or public hospital agency to volunteer to participate if the agency operates a hospital that has a Medicaid provider agreement.

Specifies that participating agencies are responsible for the state share of CICIP's costs and must make or request the appropriate government entity to make intergovernmental transfers to pay for those costs.

Makes each participating agency eligible to receive supplemental payments under the Medicaid program for physician and other professional services that are covered by Medicaid and provided to recipients.

Requires each participating agency to jointly participate in quality improvement initiatives that align with and advance the goals of ODM's quality strategy required under federal law.

Requires the ODM Director to maintain a process to evaluate the work done by participating agencies.

Allows the ODM Director to request the OBM Director to authorize additional expenditures from the Care Innovation and Community Improvement Program Fund (Fund 5AN0) and the Health Care - Federal Fund (Fund 3F00) if the amounts appropriated and the corresponding federal share are inadequate to make the supplemental payments. Appropriates any authorized additional expenditures.

Permits the ODM Director to terminate or adjust the amount of the supplemental payments if funding is inadequate.

MCD6 Deposits to the Health Care/Medicaid Support and Recoveries Fund

Section: 333.70

Requires the ODM Director to deposit into the Health Care/Medicaid Services Support and Recoveries Fund (Fund 5DL0), \$2,500,000 cash in each fiscal year from the first installment of assessments and intergovernmental transfers made under the Hospital Care Assurance Program (HCAP).

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MCDCD7 Cash transfers from the Health Care/Medicaid Support and Recoveries Fund to the Statewide Prevention and Treatment Fund

Section: 333.80

Permits the OBM Director, upon request of the ODM Director, to transfer up to \$2,200,000 cash in each fiscal year from the Health Care/Medicaid Support and Recoveries Fund (Fund 5DL0) to the Statewide Prevention Treatment Fund (Fund 4750).

Requires any transferred funds be used to support Centers of Excellence and related activities. Appropriates any transferred funds.

MCDCD8 Cash transfers from the Health Care/Medicaid Support and Recoveries Fund to the Department of Aging for the ombudsman program

Section: 333.90

Permits the OBM Director, upon request of the ODM Director, to transfer up to \$1,000,000 cash in each fiscal year from the Health Care/Medicaid Support and Recoveries Fund (Fund 5DL0) to ODA. Requires that any transferred funds be used to support ODA's ombudsman program, and appropriates any transferred amounts.

MCDCD9 Health Insuring Corporation Class Franchise Fee

Section: 333.100

Permits the OBM Director, at the request of the ODM Director, to authorize expenditures from the Health Insuring Corporation Class Franchise Fee Fund (Fund 5TN0) in excess of the amounts appropriated if receipts credited to the fund exceed appropriations. Requires the OBM Director to adjust the federal appropriation item identified by the ODM Director if additional amounts are authorized. Appropriates any authorized amounts and corresponding federal adjustments.

MCDCD10 Hospital Care Assurance Match

Section: 333.110

Permits the OBM Director, at the request of the ODM Director, to authorize additional expenditures from the Health Care Federal Fund (Fund 3F00) if receipts credited to the fund exceed the amounts appropriated for making the HCAP distribution. Appropriates any authorized amounts.

Requires that Fund 6510 ALI 651649, Medicaid Services – Health Care Assurance Program, be used by ODM for distributing the state share of all HCAP funds to hospitals. Permits the OBM Director, at the request of the ODM Director, to authorize additional expenditures from the Hospital Care Assurance Program Fund (Fund 6510) if receipts credited to the fund exceed the amounts appropriated for the HCAP distributions. Appropriates any authorized amounts.

MCDCD11 Refunds and Reconciliation Fund

Section: 333.120

Permits the OBM Director, at the request of the ODM Director, to authorize additional expenditures from the Refunds and Reconciliation Fund (Fund R055) if receipts credited to the fund exceed the amounts appropriated. Appropriates any authorized amounts.

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MCDCD12 Non-emergency medical transportation**Section: 333.130**

Permits the OBM Director, at the request of the ODM Director, to transfer state share appropriations between GRF ALI 651525, Medicaid Health Care Services, in the ODM budget and GRF ALI 655523, Medicaid Program Support - Local Transportation, in the ODJFS budget to ensure access to a non-emergency medical transportation brokerage program. Requires that the OBM Director adjust the federal share of 651525 and Fund 3F01 ALI 655624, Medicaid Program Support - Federal, in the ODJFS budget, accordingly. Requires the ODM Director to transmit federal funds it receives for the transaction to the Medicaid Program Support Fund (Fund 3F01), used by ODJFS.

MCDCD13 Medicaid payment rates for community behavioral health services**Section: 333.140**

Permits ODM to establish Medicaid payment rates for community behavioral health services provided during FY 2024 and FY 2025 that exceed authorized rates paid for the services under the Medicare Program.

Specifies that this provision does not apply to community behavioral health services provided by hospitals on an inpatient basis, nursing facilities, and intermediate care facilities for individuals with intellectual disabilities.

Fiscal effect: Any impact will depend on whether ODM chooses to pay these amounts.

MCDCD14 Home and community based services appropriations - state**Section: 333.150**

Permits the OBM Director to authorize additional expenditures in Fund 5HC8 ALIs 651698, MCD Home and Community Based Services, 653698, DDD Home and Community Based Services, 652698, MHA Home and Community Based Services, 655698, JFS Home and Community Based Services, and 656698, AGE Home and Community Based Services, conditional on the additional expenditures being offset by equal expenditure reductions in another of these identified ALIs.

Stipulates that any additional expenditures shall be used in accordance with federal rules and shall comply with ODM's Medicaid state plan approved by the federal government. Appropriates any additional expenditures.

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MCD15 Home and community based services appropriations - federal**Section: 333.160**

Permits the OBM Director to authorize additional expenditures in Fund 3HC8 ALIs 651699, MCD Home and Community Based Services – Federal, 653699, DDD Home and Community Based Services – Federal, 652699, MHA Home and Community Based Services – Federal, 655699, JFS Home and Community Based Services – Federal, and 656699, AGE Home and Community Based Services – Federal, conditional on the additional expenditures being offset by equal expenditure reductions in another of these identified line items.

Stipulates that any additional expenditures be used in accordance with federal rules and comply with ODM's Medicaid state plan approved by the federal government. Appropriates any additional expenditures.

MCD16 Ohio Invests in Improvements for Priority Populations**Section: 333.170**

Establishes the Ohio Invests in Improvements for Priority Populations (OIPP) Program as a directed payment program regarding inpatient and outpatient hospital services provided to Medicaid recipients enrolled in a Medicaid managed care plan.

Provides that, under the program, state university-owned hospitals with fewer than 300 beds can directly receive payment for inpatient and outpatient services provided to Medicaid managed care recipients.

Requires participating hospitals to remit to ODM, through intergovernmental transfer, the nonfederal share of payment for those services.

Requires that Fund 5XY0 ALI 651694, Improvements for Priority Populations, and any corresponding federal share in Fund 3F00 ALI 651623, Medicaid Services - Federal, be used for the OIPP Program.

Permits, if receipts credited into the Hospital Directed Payment Program Fund (Fund 5XY0) exceed the amounts appropriated, the ODM Director to request the OBM Director to authorize additional expenditures. Requires, if any amounts are authorized, the OBM Director to adjust ALI 651623 accordingly. Appropriates authorized additional expenditures.

MCD17 Work Community Engagement Program - county costs**Section: 333.180**

Permits the OBM Director, upon request of the ODM Director, to transfer state share appropriations in each fiscal year between GRF ALI 651525, Medicaid Health Care Services, used by ODM, and GRF ALI 655522, Medicaid Program Support - Local, used by ODJFS. Requires federal shares to be adjusted accordingly if such a transfer occurs.

Requires any increase to be provided to CDJFSs to be used only for costs related to transitioning to a new work and community engagement program under the Medicaid program. Prohibits funds from being used for existing and ongoing operating expenses.

Requires the ODM Director to establish criteria for distributing these funds and for CDJFSs to submit allowable expenses.

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MCDCD18 Voluntary Medicaid Community Engagement Program**Section: 333.190**

Requires the ODM Director to establish a voluntary community engagement program for the Medicaid expansion group. Requires the program be available to all medical assistance recipients.

Requires the program to do the following: encourage medical assistance recipients who are working age and able-bodied to work; promote the economic stability, financial independence, and improved health outcomes from work; and provide information about services available under the voluntary program, including an explanation of the importance of work to overall physical and mental health.

Provides that the program is in effect through the FY 2024 – FY 2025 biennium, or until Ohio is able to implement the waiver component for the Medicaid expansion population, whichever is sooner.

Requires the ODM Director to explore partnerships with education and training providers to increase training opportunities for Medicaid recipients.

MCDCD19 Public assistance for eligibility determinations due to end of public health emergency**Section: 333.200**

Requires that during the FY 2024 - FY 2025 biennium, all transfers from the Medicaid Income Maintenance (IM) Control allocation to other IM Control Programs (SNAP & TANF) or other allocations require prior approval by the ODM Director, to facilitate the resumption of routine Medicaid eligibility redeterminations.

Permits the ODM Director to apply criteria regarding when transfers may occur, and permits funds from GRF ALI 65522, Medicaid Program Support - Local, in ODJFS, to be distributed based on performance criteria.

MCDCD20 Post-COVID Medicaid redetermination**Section: 333.210**

Requires ODM to use third-party data to conduct an eligibility redetermination of all Ohio Medicaid recipients after the conclusion of the COVID-19 emergency period.

Requires ODM to conduct an eligibility review of those recipients for whom a review has not been conducted in the past 12 months, as well as those recipients for whom a review has been conducted in the past 12 months. Requires ODM to disenroll those recipients who are no longer eligible, and requires that ODM oversee the county determinations and administration to ensure timely and accurate compliance.

Requires ODM to complete a report containing its findings from the third-party data systems and submit the report to JMOC.

MCDCD21 Pandemic and federally mandated requirements for restoration of normal Medicaid eligibility determinations**Section: 333.220**

Provides that, due to unusual and inflationary pressures within the economy, the provider rate increases and the per member unwinding impact identified by the JMOC actuary not be considered for the purposes of reforms to the Medicaid program required by existing law.

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MCDCD22 Competitive wages for direct care workforce of Medicaid services**Section: 333.230**

Requires ODM, in collaboration with ODA and DODD, to use provider rate increase funding included in the bill to ensure workforce stabilities and greater access to care for Medicaid recipients through increased wages and workforce supports.

MCDCD23 Medicaid assisted living program payment rates**Section: 333.240**

Permits ODM, in consultation with ODA, to establish an assisted living services base payment rate for facilities participating in the Medicaid-funded component of the assisted living program.

Permits ODM and ODA to establish an assisted living memory care service payment rate for facilities participating in the Medicaid-funded component of the assisted living program. Requires that the payment rate be based on additional costs involved in serving individuals with dementia as well as other factors determined by the departments. Restricts the per diem for assisted living memory care services only to providers with a direct care staff to resident ratio that is at least 20% higher for individuals with dementia than for individuals without dementia.

MCDCD24 Transfer of appropriation for pre-admission screening resident review contract from OhioMHAS to ODM**Section: 333.250**

Requires the OBM Director, upon the request of the ODM Director, in consultation with the OhioMHAS Director, to transfer appropriations in FY 2024 between GRF ALIs 652321, Medicaid Support, within OhioMHAS, and 651425, Medicaid Program Support - State, within ODM. If such a transfer occurs, requires the OBM Director to adjust, using the federal reimbursement rate, the Fund 3B10 ALI 652636, Community Medicaid Legacy Support, within OhioMHAS, and Fund 3F00 ALI 651624, Medicaid Program Support - Federal, within ODM.

Permits, if receipts credited to the fund exceed available amounts, the ODM Director to adjust payment amounts or terminate the program.

MCDCD25 Physician directed payment program**Section: 333.260**

Authorizes the ODM Director to create a physician directed payment program for Medicaid managed care organization directed payments to nonpublic hospitals for physician services for Medicaid enrollees, only to the extent that local funds are available for the nonfederal share of the costs.

Permits eligible public entities to transfer funds, through intergovernmental transfer, to ODM for the directed payments, and limits the payment amounts to not more than the average commercial level paid to participating health systems for covered physician services.

Requires the program to advance the maternal and child health goals established in ODM's quality strategy required by federal law.

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AGECD8 Long-term care

Section: 209.20

Permits ODM, pursuant to an interagency agreement, to designate ODA to perform level of care assessments.

Requires ODA to provide long-term care consultations to assist individuals in planning for their long-term health care needs.

Requires ODA to administer the Medicaid waiver-funded PASSPORT Home Care Program, the Assisted Living Program, and PACE as delegated by ODM in an interagency agreement

Executive**OBMCD36 Reappropriation of recovery and relief funds****Section: 505.80**

Reappropriates the available balance of ALIs under the following recovery and relief funds, at the end of FY 2024 to the same ALI and for the same purposes in FY 2025: Governor's Emergency Education Relief Fund (Fund 3HQ0), CARES Act School Relief Fund (Fund 3HS0), Emergency Rental Assistance Fund (Fund 5CV2), State Fiscal Recovery Fund (Fund 5CV3), Local Fiscal Recovery Fund (Fund 5CV4), Coronavirus Capital Projects Fund (Fund 5CV5), and the Health and Human Services Fund (Fund 5SA4).

OBMCD38 Fiscal year 2023 General Revenue Fund ending balance**Section: 513.10**

Requires the OBM Director to determine the GRF surplus revenue that existed on June 30, 2023, and transfer cash, up to the actual surplus revenue amount, from the GRF as follows:

- (1) Up to \$2,400,000,000 to the All Ohio Future Fund (Fund 5XM0);
- (2) Up to \$1,000,000,000 to the Health and Human Services Reserve Fund (Fund 5SA4);
- (3) Up to \$307,196,000 to the H2Ohio Fund (Fund 6H20);
- (4) Up to \$200,000,000 to the Career Technical Education Facilities Fund (Fund 5ZJ0);
- (5) Up to \$190,000,000 to the EXPO 2050 Fund (Fund 5ZN0);
- (6) Up to \$150,000,000 to the Innovation Hubs Fund (Fund 5ZK0);
- (7) Up to \$140,000,000 to the Statewide Treatment and Prevention Fund (Fund 4750);
- (8) Up to \$125,000,000 to the Rail Safety Crossing Fund (Fund 5ZP0);
- (9) Up to \$65,000,000 to the Veterans Homes Modernization Fund (Fund 5ZO0);
- (10) Up to \$50,000,000 to the Controlling Board Emergency Purposes/Contingencies Fund (Fund 5KM0);
- (11) Up to \$50,000,000 to the Local Jail Grants Fund (Fund 5ZQ0);

Requires that the remaining amount of the surplus revenue remain in the GRF.

Executive

KIDCD1 Creation of the Department of Children and Youth**R.C. 5180.01, 121.02, 121.03, 121.35, 121.37, 121.40, 3109.15-3109.17, 3109.179, 5101.34-5101.342, 5180.02, Sections 130.10-103.16 and 423.140**

Creates DCY on July 1, 2023, to serve as the state's primary children's services agency and establishes the position of DCY Director.

Requires DCY to facilitate and coordinate the delivery of children's services in Ohio.

Addresses the transfer of duties to DCY relating to children's services, including by doing the following:

(1) Requiring specified Directors (DCY, ODJFS, ODE, ODH, DODD, ODM, OhioMHAS, and DEV), or their designees, to identify and develop a plan to transfer children's services duties, functions, programs, and staff to DCY by January 1, 2025.

(2) Transferring to the new DCY 90 days after the bill's effective date responsibilities currently charged to ODJFS regarding the Ohio Family and Children First Cabinet Council, the Children's Trust Fund Board, and the Ohio Commission on Fatherhood.

Requires the OBM Director to make budget and accounting changes to implement the transfer of duties, functions, and programs to DCY, including renaming, transferring, creating, and consolidating funds. Allows the OBM Director to also cancel or establish encumbrances and transfer appropriations between impacted agencies as necessary. Appropriates any encumbrances.

Fiscal effect: There will be administrative costs to develop a plan to facilitate this transfer. There will also be costs to establish the office (e.g. office space, supplies, etc.). Staff will be transferred from other impacted agencies, so associated personnel costs will instead be reflected in DCY's budget.

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DDDCD14 Competitive wages for direct care workforce of Medicaid services

Section: 261.150

Requires provider rate increases be used for increased wages and needed workforce supports.

Provides that the increased wages and workforce supports are to be funded from the DODD, ODM, and ODA budgets.

Fiscal effect: Estimated annual impact of \$375 million (all funds).

Executive

GOVCD3 Electronic notification, meeting, and data storage law changes

R.C. 127.15, 173.03, 753.19, 1121.38, 1509.06, 1513.071, 1513.08, 1513.16, 1565.12, 1571.05, 1571.08, 1571.10, 1571.14, 1571.15, 1571.16, 1707.02, 1707.04, 1707.042, 1707.091, 1707.11, 1707.43, 1733.16, 2941.401, 3111.23, 3301.05, 3302.04, 3310.521, 3313.41, 3313.818, 3314.21, 3319.081, 3319.11, 3319.16, 3319.291, 3319.311, 3321.13, 3321.21, 3704.03, 3734.02, 3734.021, 3734.575, 3746.09, 3752.11, 3772.031, 3772.04, 3772.11, 3772.12, 3772.13, 3772.131, 3781.08, 3781.11, 3781.25, 3781.29, 3781.342, 3904.08, 4121.19, 4123.512, 4123.52, 4125.03, 4141.09, 4141.47, 4167.10, 4301.17, 4301.30, 4303.24, 4507.081, 4508.021, 4509.101, 4510.03, 4510.41, 4735.13, 4735.14, 5107.161, 5120.14, 5165.193, 5165.86, 5166.303, 5168.08, 5168.22, 5168.23, 5525.01, 5703.37, 5709.83, 5736.041, 5751.40, 1509.031, 3745.019, Repealed: R.C. 5123.195

Implements a 2020 initiative of the Common Sense Initiative to make changes throughout the Revised Code to partly reflect the advancements in technology related to notifications, meetings, data storage, and certain other government functions. (For more detailed analysis of these changes, please see the Electronic Notification and Meetings section (pages 311-338) of the LSC Bill Analysis for H.B. 33.)

Makes specific changes, including removal of obsolete provisions, to facilitate the use of electronic communications, including websites, in the daily operations for the following entities: CAC, COM, DODD, ODE, Ohio EPA, INS, ODJFS, ODPS, PUCO, TAX, ODOT, and ODWIS.

Modifies the type of communication media through which a required notice of events or services may be made by generally adding the option of electronic, including email, delivery or mail delivery by a commercial/common carrier and removing the outdated telegraph method for the following entities: CEB, CAC, COM, ODE, Ohio EPA, ODJFS, ODM, ODNR, PUCO, DRC, ODWIS, and municipalities.

Permits meeting via electronic means, instead of in-person meetings, on specified matters provided that the meetings still allow for interactive public attendance for the following entities: Ohio Advisory Council for the Aging, Internet- or computer-based community schools, school districts or other public schools, ODPS-Register of Motor Vehicles, counties, townships, and municipalities.

Permits or requires the establishment of electronic means of submission for such services as licensure, approvals, and other by the following entities: ODNR’s Division of Oil and Gas Resources Management, school districts, ODE, solid waste management districts, and courts of record.

Modifies or removes references related to creating or retaining stenographic records of certain proceedings for the following entities: COM, ODNR, ODE, school districts, Ohio EPA, and ODWIS.

Fiscal effect: TAX has estimated savings of approximately \$3.4 million per year for the agency. Ohio EPA has estimated annual savings of over \$750,000. Other affected state agencies will also likely realize some administrative cost savings as will affected local governments.

Executive**DOHCD15 Tobacco Use Prevention, Cessation, and Enforcement****Section: 291.20**

Earmarks \$250,000 in each fiscal year from Fund 5BX0 ALI 440656, Tobacco Use Prevention, Cessation, and Enforcement, to be distributed to boards of health for the Baby and Me Tobacco Free Program. Requires the ODH Director to determine how the funds are to be distributed, but requires that awards be prioritized for boards that serve women who reside in communities that have the highest infant mortality rates in the state, as identified by the ODH Director, in consultation with the Medicaid Director, in rules.

Requires the remainder of the ALI to be used to administer tobacco use prevention and cessation activities and programs, to administer compliance checks, retailer education, programs related to legal age restrictions, and to enforce the Ohio Smoke-Free Workplace Act (See DOHCD22 for the Moms Quit for Two Grant Program earmark from this ALI).
