

Executive	As Passed By House	As Passed By Senate
Eligibility		
MCD70 Medicaid Buy-In for Workers with Disabilities program		
No provision.	R.C. 5163.06, 5163.063, Sections 333.310, 812.40 Requires the Medicaid program to cover the optional eligibility group consisting of certain workers with disabilities.	R.C. 5163.06, 5163.063, Sections 333.310, 812.40 Same as the House.
No provision.	Specifies implementation of the coverage will begin after one year.	Same as the House.
No provision.	Permits the ODM Director to certify to the OBM Director the amount necessary to pay for the optional eligibility group. Upon certification, appropriates the amounts, both state and federal shares, in FY 2025 from GRF ALI 651525, Medicaid Health Care Services.	Same as the House.
Fiscal effect: A portion of GRF ALI 651525, Medicaid Health Care Services, may be used in FY 2025 for this optional eligibility group.		Fiscal effect: Same as the House.
MCD34 Optional Medicaid coverage group		
R.C. 5163.062, 5163.06, 5163.102	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.	Same as the Executive.	No provision.
Fiscal effect: Estimated costs to GRF ALI 651525, Medicaid Health Care Services, of \$46,700,000 (\$16,800,000 state share) in FY 2024 and \$165,400,000 (\$59,600,000 state share) in FY 2025.	Fiscal effect: Same as the Executive.	

Executive	As Passed By House	As Passed By Senate
MCD87 Medicaid, SNAP, and unemployment compensation eligibility		
No provision.	No provision.	<p data-bbox="1798 264 2653 298">R.C. 5163.51, 812.60</p> <p data-bbox="1798 315 2653 657">Relating to Medicaid eligibility, prohibits ODM from conducting post-enrollment verification of eligibility, designating itself as a qualified health entity for the purpose of making presumptive eligibility determinations, accepting self-attestation of income or other health insurance coverage, or requesting approval from CMS to not check any available income-related data sources to verify eligibility or comply with public notice requirements related to proposed changes to the Medicaid state plan.</p> <p data-bbox="1798 673 2653 787">Fiscal effect: Potential changes in Medicaid expenditure depending on the outcome of changes related to these prohibitions and data requirements.</p>
MCD37 Medicaid eligibility redeterminations		
R.C. 5163.52, (Repealed)	R.C. 5163.52, (Repealed)	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:	Same as the Executive.	Same as the Executive.
(1) Continue to conduct eligibility redeterminations and act on them to the fullest extent permitted by federal law;	Same as the Executive.	Same as the Executive.
(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.	Same as the Executive.	Same as the Executive.
Fiscal effect: None.	Fiscal effect: Same as the Executive.	Fiscal effect: Same as the Executive.

Executive	As Passed By House	As Passed By Senate
<p>MCD43 Continuous Medicaid enrollment for children</p> <p>No provision.</p>	<p>R.C. 5166.45</p> <p>Requires ODM to seek approval to provide continuous Medicaid enrollment for Medicaid-eligible children from birth through age three.</p> <p>Fiscal effect: Increase in Medicaid expenditures. Costs will depend on the number of children impacted by the continuous enrollment and the extent to which these children would not have already been receiving continuous coverage.</p>	<p>No provision.</p>
<p>MCD19 Public assistance for eligibility determinations due to end of public health emergency</p> <p>Section: 333.200</p> <p>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.</p> <p>Permits the ODM Director to apply criteria regarding when transfers may occur, and permits funds from GRF ALI 655522, Medicaid Program Support - Local, in ODJFS, to be distributed based on performance criteria.</p> <p>No provision.</p>	<p>Section: 333.200</p> <p>Same as the Executive, but instead of requiring prior approval by the ODM Director, requires counties to supplement their costs with ARPA funding and notify the ODM Director of transfers that exceed FY 2023 values.</p> <p>Same as the Executive, but adds that the ODJFS Director must consult with the ODM Director to establish the performance criteria.</p> <p>Sets a cap at \$5,000,000 in FY 2024 and \$10,000,000 in FY 2025 on the amount within GRF ALI 655522, Medicaid Program Support – Local, which may be distributed based on these performance criteria.</p>	<p>Section: 333.200</p> <p>Same as the House.</p> <p>Same as the House.</p> <p>Same as the House.</p>

Executive	As Passed By House	As Passed By Senate
MCD20 Post-COVID Medicaid redetermination		
Section: 333.210	Section: 333.210	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.	Same as the Executive.	Same as the Executive.
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.	Same as the Executive.	Same as the Executive.
Requires ODM to complete a report containing its findings from the third-party data systems and submit the report to JMOC.	Same as the Executive.	Same as the Executive.
MCD21 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.	No provision.	No provision.

Executive	As Passed By House	As Passed By Senate
MCD66 Medicaid coverage of neonatal abstinence syndrome		
No provision.	<p>Section: 5163.06</p> <p>Requires ODM to provide coverage for infants with neonatal abstinence syndrome who receive services at a pediatric recovery center, and specifies that a certified residential infant care center is a pediatric recovery center as defined in federal law.</p> <p>Fiscal effect: Costs will depend on the number of infants who receive the services.</p>	No provision.
<u>Nursing Facilities</u>		
MCD58 Nursing home change of operator		
No provision.	<p>R.C. 3721.01, 3721.026, 5165.01</p> <p>Modifies existing law procedures under which an individual or entity that assumes operation of a nursing home must disclose certain information to the ODH Director, to instead require the individual or entity to first complete a change of operator application and pay the applicable fee as determined by the ODH Director. States the information or elements that must be included in a license application.</p>	<p>R.C. 3721.01, 3721.026, 5165.01</p> <p>Same as the House.</p>
No provision.	<p>Declares the General Assembly's intent to require full and complete disclosure and transparency with respect to the ownership, operation, and management of licensed nursing homes in Ohio.</p> <p>Fiscal effect: None.</p>	<p>Same as the House.</p> <p>Fiscal effect: Same as the House.</p>
MCD73 ICF/IID bed conversion to OhioRISE		
No provision.	No provision.	<p>R.C. 5124.75</p> <p>Prohibits an ICF/IID from reserving or converting a portion of its beds from beds that provide ICF/IID services to beds that provide services to individuals enrolled in the OhioRISE program.</p>

Executive	As Passed By House	As Passed By Senate
No provision.	No provision.	States that the prohibition is only effective if the reservation or conversion of a bed would require the ICF/IID operator to discharge or terminate services to a resident occupying that bed. Fiscal effect: Potential fewer beds being available for OhioRISE program participants.
MCD30 Low case-mix residents		
R.C. 5165.01, 5165.152, 5165.192	R.C. 5165.01, 5165.152, 5165.192	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.	Same as the Executive.	Same as the Executive.
Updates the formula used to calculate these case-mix scores.	No provision.	Same as the Executive.
Fiscal effect: None.	Fiscal effect: None.	Fiscal effect: Same as the Executive.
MCD64 Rebasing		
No provision.	R.C. 5165.01, 5165.36	R.C. 5165.01, 5165.36
No provision.	Increases the rate of nursing facility cost center rebasing beginning in FY 2024 to at least every two years, from at least every five years.	Same as the House, but requires rebasing to occur once every two years instead of at least once every two years.
No provision.	Specifies that facility costs are to be measured from the calendar year immediately before the start of the fiscal year in which a rebasing is conducted, instead of two calendar years before.	Same as the House.
No provision.	In calculating a facility's FY 2024 and FY 2025 base rates, limits any increases in the direct care cost and ancillary and support cost centers from the most recent rebasing to only 40% of the increase.	Same as the House.

Executive	As Passed By House	As Passed By Senate
	<p>Fiscal effect: Increase in costs of \$268,000,000 in each fiscal year (state share of \$93,477,900 in FY 2024 and \$95,676,000 in FY 2025). This cost estimate is affected by MCDCD60 and MCDCD62.</p>	<p>Fiscal effect: Same as the House.</p>
<p>MCDCD65 Nursing facility private room payment</p> <p>No provision.</p>	<p>R.C. 5165.01, 5165.15, 5165.158</p> <p>Establishes a private room per day payment rate of \$30 beginning in FY 2024 for services provided to residents in private rooms of nursing facilities and permits ODM to increase the rate in subsequent fiscal year.</p> <p>Fiscal effect: Increases Medicaid spending by \$82,000,000 per fiscal year (state share of \$28,602,000 in FY 2024 and \$29,274,000 in FY 2025). This cost estimate is affected by MCDCD60.</p>	<p>No provision.</p>
<p>MCDCD42 Nursing facility field audit manual and program</p> <p>R.C. 5165.109</p> <p>Eliminates the requirement that ODM establish a manual and program for field audits of nursing facilities.</p> <p>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.</p> <p>Fiscal effect: None.</p>	<p>R.C. 5165.109</p> <p>Same as the Executive.</p> <p>Same as the Executive.</p> <p>Fiscal effect: Same as the Executive.</p>	<p>R.C. 5165.109</p> <p>Same as the Executive.</p> <p>Same as the Executive.</p> <p>Fiscal effect: Same as the Executive.</p>
<p>MCDCD61 Medicaid day payment rate</p> <p>No provision.</p> <p>No provision.</p>	<p>R.C. 5165.15, 5165.151, 5165.16, 5165.19, 5165.23</p> <p>Makes the following changes to the Medicaid day payment rate formula:</p> <p>Eliminates a \$1.79 deduction from the formula's base rate.</p>	<p>R.C. 5165.15, 5165.151, 5165.16, 5165.19, 5165.23</p> <p>Same as the House, but makes the following changes to the Medicaid day payment rate formula:</p> <p>Same as the House.</p>

Executive	As Passed By House	As Passed By Senate
No provision.	Increases the payment rate for new nursing facilities.	Same as the House.
No provision.	Removes the inflationary adjustment to the ancillary and support costs and direct care cost centers.	Same as the House.
No provision.	Modifies the calculation of the direct care cost and ancillary and support cost centers in the formula to use the median rate among nursing facilities, instead of the 25th percentile rate.	No provision.
No provision.	Adds formula components for low occupancy nursing facilities that receive a low occupancy deduction as determined by ODM.	No provision.
	<p>Fiscal effect: Increased costs of \$339,000,000 in each fiscal year (state share of \$118,243,200 in FY 2024 and \$121,023,000 in FY 2025) for changing the cost-center percentile used in rebasing from the 25th percentile to the median.</p> <p>Increased costs of \$25,000,000 in each fiscal year (state share of \$8,720,000 in FY 2024 and \$8,925,000 in FY 2025) for removing the \$1.79 base rate reduction.</p> <p>Decreased costs of \$32,000,000 in each fiscal year (state share \$11,161,600 in FY 2024 and \$11,424,000 in FY 2025) for including a reduction in the rate for low occupancy nursing facilities.</p> <p>These cost estimates are affected by MCD60.</p>	<p>Fiscal effect: Increased costs of \$25,000,000 in each fiscal year (state share of \$8,720,000 in FY 2024 and \$8,925,000 in FY 2025) for removing the \$1.79 base rate reduction.</p> <p>This cost estimate is affected by MCD60.</p>
MCD62 Quality incentive payment	R.C. 5165.26	R.C. 5165.26
No provision.	Extends quality incentive payments indefinitely, rather than ending the payments after FY 2023.	Same as the House.
No provision.	Makes the following changes to the quality incentive payment amount calculation:	Same as the House, but makes the following changes to the quality incentive payment amount calculation:
No provision.	Adds three additional quality metrics beginning in FY 2025.	Same as the House.

Executive	As Passed By House	As Passed By Senate
No provision.	Adds an occupancy metric beginning in FY 2024 of 7.5 points if a facility's occupancy rate is above 75%.	Same as the House, but creates a tiered metric as follows: 2.5 points if the occupancy rate is greater than 75% and up to 80%, 5 points if the occupancy rate is greater than 80% and up to 85% , and 7.5 points if the occupancy rate is greater than 85%
No provision.	Eliminates exclusions from the quality incentive payment for certain facilities.	Same as the House.
No provision.	Adds to the calculation of the total amount to be spent on quality incentive payments an additional component based on 60% of the amount the facility's ancillary and support costs and direct care costs changed as a result of the FY 2024 rebasing.	Same as the House.
No provision.	Caps the add-on to the total amount to be spent at \$125,000,000 each fiscal year, instead of \$25,000,000 in FY 2022 and \$125,000,000 in FY 2023.	Same as the House, but reduces the spending cap to \$100,000,000 per year.
No provision.	<p>Grants an operator of a new nursing facility or, under certain circumstances, a facility that undergoes a change in operator a quality incentive payment.</p> <p>Fiscal effect: Increase in costs of \$33,000,000 in each fiscal year (state share of \$11,510,500 in FY 2024 and \$11,781,000 in FY 2025).</p> <p>This cost estimate is affected by MCD60 and MCD64.</p>	<p>Same as the House.</p> <p>Fiscal effect: Increase in costs of \$8,000,000 in each fiscal year (state share of \$2,790,500 in FY 2024 and \$2,856,000 in FY 2025).</p> <p>This cost estimate is affected by MCD60 and MCD64.</p>
MCD62 Debt owed to CMS		
R.C. 5165.52, 5165.521, 5165.525, 5165.526, 5165.528	R.C. 5165.52, 5165.521, 5165.525, 5165.526, 5165.528	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):	Same as the Executive.	Same as the Executive.
A requirement that ODM determine other actual and potential debts the exiting operator owes or may owe to CMS.	Same as the Executive.	Same as the Executive.

Executive	As Passed By House	As Passed By Senate
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.	Same as the Executive.	Same as the Executive.
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.	Same as the Executive.	Same as the Executive.
Authorization for ODM to deduct any amount an exiting operator owes CMS when releasing amounts withheld from the operator.	Same as the Executive.	Same as the Executive.
Authorization to use cash in the Medicaid Payment Withholding Fund to pay CMS amounts an exiting operator owes CMS under Medicaid.	Same as the Executive.	Same as the Executive.
Fiscal effect: None.	Fiscal effect: Same as the Executive.	Fiscal effect: Same as the Executive.
MCD26 Debt summary report		
R.C. 5165.525	R.C. 5165.525	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.	Same as the Executive.	Same as the Executive.
Fiscal effect: None.	Fiscal effect: Same as the Executive.	Fiscal effect: Same as the Executive.
MCD36 Special Focus Facility Program		
R.C. 5165.771	R.C. 5165.771	R.C. 5165.771
Aligns statutory language regarding the Special Focus Facility (SFF) program with federal changes to the program.	Same as the Executive.	Same as the Executive.

Executive	As Passed By House	As Passed By Senate
<p>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.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>
<p>Instead, requires such appeals to be brought to (1) ODH or (2) CMS, respectively.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>
<p>Fiscal effect: None.</p>	<p>Fiscal effect: Same as the Executive.</p>	<p>Fiscal effect: Same as the Executive.</p>
<p>MCDCD59 Nursing facility payment rate notices</p>		
<p>No provision.</p>	<p>Section: 333.290 Requires ODM to include an explanation of how many quality points a facility would have received based on calendar year 2022 data in each nursing facility's FY 2024 notice of Medicaid payment rates.</p>	<p>Section: 333.290 Same as the House.</p>
<p>MCDCD60 Nursing facility base rates</p>		
<p>No provision.</p>	<p>Section: 333.300 Requires that in FY 2024 and FY 2025, ODM include in each nursing facility's base rate only 40% of the sum of the increase in its rate for the direct care costs and its rate for ancillary and support costs resulting from the nursing facility rebasing. Fiscal effect: This provision affects the fiscal effect estimates for these nursing facility provisions: MCDCD61, MCDCD62, MCDCD64, and MCDCD65. Altogether, these provisions increase costs to GRF ALI 651525, Medicaid Health Care Services, by a total of \$715,000,000 in each fiscal year (state share of \$249,392,000 in FY 2024 and \$255,255,000 in FY 2025).</p>	<p>Section: 333.300 Same as the House. Fiscal effect: This provision affects the fiscal effect estimates for these nursing facility provisions: MCDCD61, MCDCD62, MCDCD64, and MCDCD65. Altogether, these provisions increase costs to GRF ALI 651525, Medicaid Health Care Services, by a total of \$301,000,000 in each fiscal year (state share of \$104,988,400 in FY 2024 and \$107,457,000 in FY 2025).</p>

Executive	As Passed By House	As Passed By Senate
MCD53 Nursing facility relief payments		
No provision.	<p>Section: 610.30, 610.31, 803.200</p> <p>Modifies provisions of H.B. 45 that appropriated \$350,000,000 in American Rescue Plan Act funds to be used by OBM to make lump-sum payments to nursing facilities for general relief and for items not covered by Medicaid, as follows:</p>	No provision.
No provision.	Expands eligible fund recipients to also include nursing homes that are not certified by CMS to participate in the Medicaid program.	No provision.
No provision.	Specifies that this expansion is retroactive and applies from the effective date of the H.B. 45 appropriation.	No provision.
<u>Provider Payment Rates</u>		
MCD84 Medicaid reimbursement of remote ultrasounds and fetal nonstress tests		
No provision.	No provision.	<p>R.C. 5164.092</p> <p>Requires the Medicaid program to cover remote ultrasounds and remote fetal nonstress tests. Requires ODM to adopt rules to implement this coverage requirement.</p> <p>Fiscal effect: Increase GRF ALI 651525, Medicaid Health Care Service, by \$1.5 million (\$400,000 state share) per year to fund this provision.</p>
MCD82 Medicaid payment rate for neonatal and newborn services		
No provision.	No provision.	<p>R.C. 5164.78</p> <p>Specifies that the Medicaid payment rate for certain neonatal and newborn services must be at least 75% of the Medicare payment rate for the services, rather than equaling 75% of the Medicare payment rate.</p> <p>Fiscal effect: Possible increase in Medicaid costs, if rates are increased as a result of the provision.</p>

Executive	As Passed By House	As Passed By Senate
<p>MCD68 Rate increase for FQHCs and FQHC look-alikes.</p>	<p>Section: 333.17</p> <p>Earmarks \$20,780,000 in each fiscal year in GRF ALI 651525, Medicaid Health Care Services, to provide a rate increase for FQHCs and FQHC look-alikes.</p> <p>Fiscal effect: The state share of the earmark is estimated to be \$6,250,000 per year.</p>	<p>Section: 333.17</p> <p>Same as the House, but decreases the earmark for FY 2024 to \$10,390,000 and states that the rate increase is effective January 1, 2024.</p> <p>Fiscal effect: The state share of the earmark is estimated to be \$3,125,000 in FY 2024 and \$6,250,000 in FY 2025.</p>
<p>MCD57 Provider rate increase for vision and eye care</p>	<p>Section: 333.25</p> <p>Requires an allocation to be made from GRF ALI 651525, Medicaid Health Care Services, to increase provider payment rates for vision services and medically billed eye care provided to Medicaid recipients.</p> <p>Fiscal effect: Increases GRF ALI 651525, Medicaid Health Care Services, by \$1.26 million (\$347,760 state share) in FY 2024 and \$2.72 million (\$774,987 state share) in FY 2025.</p>	<p>Section: 333.25</p> <p>Same as the House.</p> <p>Fiscal effect: Same as the House.</p>
<p>MCD55 Dental service reimbursement</p>	<p>Section: 333.27</p> <p>Earmarks \$122,144,375 in FY 2024 and \$244,288,751 in FY 2025 in GRF ALI 651525, Medicaid Health Care Services, to be used to increase the Medicaid reimbursement rate for Medicaid dental service providers.</p> <p>Fiscal effect: The state share of the earmark is estimated to be \$33,800,000 in FY 2024 and \$69,800,000 in FY 2025.</p>	<p>Section: 333.27</p> <p>Same as the House, but changes the earmark of line item 651525 for dental reimbursement to \$103,744,375 in FY 2024 and \$207,588,751 in FY 2025.</p> <p>Fiscal effect: The state share of the earmark is estimated to be \$28,700,000 in FY 2024 and \$59,300,000 in FY 2025.</p>

Executive	As Passed By House	As Passed By Senate
<p>MCD67 Direct care payment rates</p> <p>No provision.</p>	<p>Section: 333.29</p> <p>Earmarks \$47,086,175 in FY 2024 and \$194,924,947 in FY 2025 in GRF ALI 651525, Medicaid Health Care Services, to be used to increase provider wages to \$17 an hour in FY 2024 beginning on January 1, 2024, and to \$18 an hour in FY 2025 for certain direct care services and other home and community-based services administered by ODM and ODA. (See also DDDCD26)</p> <p>Fiscal effect: Increases GRF ALI 651525, Medicaid Health Care Services, by the same amount, including a state share of \$16,951,023 in FY 2024 and \$70,172,981 in FY 2025, to fund the earmark and the rate increases.</p>	<p>Section: 333.29</p> <p>Same as the House.</p> <p>Fiscal effect: Same as the House.</p>
<p>MCD13 Medicaid payment rates for community behavioral health services</p> <p>Section: 333.140</p> <p>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.</p> <p>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.</p> <p>Fiscal effect: Any impact will depend on whether ODM chooses to pay these amounts.</p>	<p>Section: 333.140</p> <p>Same as the Executive.</p> <p>Same as the Executive.</p>	<p>Section: 333.140</p> <p>Same as the Executive.</p> <p>Same as the Executive.</p>

Executive	As Passed By House	As Passed By Senate
MCD22 Competitive wages for direct care workforce of Medicaid services		
<p>Section: 333.230</p> <p>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.</p>	<p>Section: 333.230</p> <p>Same as the Executive.</p>	<p>Section: 333.230</p> <p>Same as the Executive.</p>
MCD23 Medicaid assisted living program payment rates		
<p>Section: 333.240</p> <p>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.</p>	<p>Section: 333.240</p> <p>Same as the Executive.</p>	<p>Section: 333.240</p> <p>Same as the Executive.</p>
<p>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.</p>	<p>Same as the Executive, but additionally requires the rules establishing the rates to be effective by November 1, 2023, sets minimum amounts for the rates, and authorizes a critical access payment rate for facilities that meet specified criteria and serve at least 50% of residents who are Medicaid enrollees.</p>	<p>Same as the House.</p>
<p>No provision.</p>	<p>Requires the departments to collaborate with stakeholders in adopting rules establishing payment rates for critical access and memory care services that includes an inflationary adjustment, instead of person-centered service planning and facility design.</p>	<p>No provision.</p>
	<p>Fiscal effect: Increases GRF ALI 651525, Medicaid Health Care Services, by \$25.6 million (\$9.2 million state share) in FY 2024 and \$38.2 million (\$13.8 million state share) in FY 2025.</p>	<p>Fiscal effect: Same as the House.</p>

Executive	As Passed By House	As Passed By Senate
MCD79 Report on direct care provider wages		
No provision.	No provision.	<p>Section: 751.20, 751.21</p> <p>During the fiscal biennium, requires ODM, ODA, and ODODD to jointly submit an annual report outlining the wages paid to direct care staff providing services to enrollees under the Medicaid home and community-based services waivers.</p>
No provision.	No provision.	<p>Establishes the Home and Community-Based Services Direct Care Worker Wages Task Force made up of representatives of enumerated organizations to analyze specified matters relating to HCBS direct care staff and to submit a report to the General Assembly and JMOC of its findings.</p>
No provision.	No provision.	<p>Specifies that the Task Force ceases to exist after submission of the wage reports and its findings reports.</p> <p>Fiscal effect: Potential administrative costs.</p>
Medicaid Providers		
MCD88 Family member serving as Medicaid service provider		
No provision.	No provision.	<p>R.C. 5164.02</p> <p>Prohibits the ODM Director from adopting rules that permit a family member in the same household from receiving Medicaid payment for providing services to a minor child that are administered by a county board of developmental disabilities.</p> <p>Fiscal effect: None.</p>
MCD31 Criminal records checks – Medicaid providers, independent providers, and waiver agencies		
R.C. 5164.34, 5164.341, 5164.342	R.C. 5164.34, 5164.341, 5164.342	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:	Same as the Executive.	Same as the Executive.

Executive	As Passed By House	As Passed By Senate
(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;	Same as the Executive.	Same as the Executive.
(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;	Same as the Executive.	Same as the Executive.
(3) Authorizes the foregoing reports to be introduced at hearings and if admitted, to become part of hearing records.	Same as the Executive.	Same as the Executive.
(4) Requires any such report to be admitted only under seal and specifies that it retains its status as not a public record.	Same as the Executive.	Same as the Executive.
Fiscal effect: None.	Fiscal effect: Same as the Executive.	Fiscal effect: Same as the Executive.
MCD32 Suspension of Medicaid provider agreements and payments		
R.C. 5164.36	R.C. 5164.36	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:	Same as the Executive.	Same as the Executive.
(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;	Same as the Executive.	Same as the Executive.

Executive	As Passed By House	As Passed By Senate
(2) Prohibits ODM from suspending a provider agreement or Medicaid payments if the provider or owner can demonstrate good cause;	Same as the Executive.	Same as the Executive.
(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);	Same as the Executive.	Same as the Executive.
(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.	Same as the Executive.	Same as the Executive.
Fiscal effect: None.	Fiscal effect: Same as the Executive.	Fiscal effect: Same as the Executive.
MCD39 Medicaid provider offense penalties including overpayments by deception		
R.C. 5164.60, 5164.35	R.C. 5164.60, 5164.35	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.	Same as the Executive.	Same as the Executive.
Includes in this change interest assessed against a Medicaid provider that willingly or by deception received overpayments or unearned payments.	Same as the Executive.	Same as the Executive.
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.	Same as the Executive.	Same as the Executive.
Fiscal effect: None.	Fiscal effect: Same as the Executive.	Fiscal effect: Same as the Executive.

Executive	As Passed By House	As Passed By Senate
MCD63 Home health and personal care aide training		
	R.C. 5164.913	R.C. 5164.913, 333.330
No provision.	Prohibits ODM from requiring more than eight hours of pre-service training for home health aides (HHAs) and personal care aides (PCAs) providing services under the MyCare Program.	Replaces the House provision with one that prohibits ODM from requiring more hours of pre-service training than required by federal law for HHAs, and prohibits ODM from requiring more than 30 hours of pre-service training for PCAs.
No provision.	Prohibits ODM from requiring more than six hours of annual in-service training for HHAs and PCAs providing services under the MyCare Program.	Replaces the House provision with one that prohibits ODM from requiring more hours of annual inservice training than required by federal law for HHAs, and prohibits ODM from requiring more than 6 hours of annual inservice training for PCAs.
No provision.	Permits a registered nurse, licensed practical nurse, or nurse aide to supervise an HHA or PCA providing services under the MyCare Program.	No provision.
No provision.	No provision.	Requires ODM to establish a study committee to examine the training requirements for professionals providing home and community-based services to patients through Medicaid and ODA.
No provision.	No provision.	Includes the ODM Director, the ODA Director, and other stakeholders as members of the study committee.
No provision.	No provision.	Requires ODM to submit a report of its findings to JMOC by April 1, 2024.
	Fiscal effect: None.	Fiscal effect: Possible administrative costs.
MCD35 Medicaid managed care organization credentialing process		
R.C. 5167.102, (Repealed), 5167.12	R.C. 5167.102, (Repealed), 5167.12	R.C. 5167.102, (Repealed), 5167.12
Repeals the requirement that ODM permit Medicaid managed care organizations to create a credentialing process for providers.	Same as the Executive.	Same as the Executive.
Fiscal effect: None.	Fiscal effect: Same as the Executive.	Fiscal effect: Same as the Executive.

Special Programs

Executive	As Passed By House	As Passed By Senate
MCD52 Doula services	<p>R.C. 5164.071</p> <p>Establishes a five-year program in ODM to cover doula services provided to a Medicaid enrollee by a certified doula with a Medicaid provider agreement.</p> <p>Fiscal effect: Costs will depend on reimbursement rates set for doula services, and the number of Medicaid enrollees who choose to receive doula services.</p>	No provision.
MCD51 Medicaid ground emergency medical transportation supplemental payment program	<p>R.C. 5164.96</p> <p>Requires the ODM Director to seek federal approval to establish and administer a supplemental payment program for ground emergency medical transportation service providers.</p> <p>Exempts rules relating to the supplemental payment program from continuing law reducing and limiting regulatory restrictions.</p> <p>Fiscal effect: Potential increase in Medicaid costs. Costs will depend on supplemental payments set in the program.</p>	<p>No provision.</p> <p>No provision.</p> <p>Fiscal effect: None.</p>
MCD3 Hospital Franchise Fee Program	No provision.	<p>Section: 333.40</p> <p>Same as the Executive.</p>
<p>Section: 333.40</p> <p>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.</p>	No provision.	<p>Section: 333.40</p> <p>Same as the Executive.</p>

Executive	As Passed By House	As Passed By Senate
<p>MCD5 Care Innovation and Community Improvement Program</p>		
<p>Section: 333.60</p>	<p>Section: 333.60</p>	<p>Section: 333.60</p>
<p>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.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>
<p>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.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>
<p>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.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>
<p>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.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>
<p>Requires the ODM Director to maintain a process to evaluate the work done by participating agencies.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>
<p>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.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>

Executive	As Passed By House	As Passed By Senate
Permits the ODM Director to terminate or adjust the amount of the supplemental payments if funding is inadequate.	Same as the Executive.	Same as the Executive.
MCDCD9 Health Insuring Corporation Class Franchise Fee		
Section: 333.100		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.	No provision.	Same as the Executive.
MCDCD10 Hospital Care Assurance Match		
Section: 333.110	Section: 333.110	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.	Same as the Executive.	Same as the Executive.
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.	Same as the Executive.	Same as the Executive.

Executive	As Passed By House	As Passed By Senate
MCDCD54 Medicaid payment rates for ambulance transportation		
No provision.	<p>Section: 333.135</p> <p>Earmarks \$119,000,000 in each fiscal year in GRF ALI 651525, Medicaid Health Care Services, to be used to increase the Medicaid reimbursement rate for ambulance transportation services.</p>	<p>Section: 333.135</p> <p>Same as the House, but changes the earmark of line item 651525 for ambulance transportation to \$50,575,000 in FY 2024 and \$96,400,000 in FY 2025.</p>
No provision.	<p>Reappropriates the available balance of the earmark at the end of FY 2024 to FY 2025 for the same purpose.</p> <p>Fiscal effect: The state share of the earmark is estimated to be \$43,000,000 per year.</p>	<p>No provision.</p> <p>Fiscal effect: The state share of the earmark is estimated to be \$18,300,000 in FY 2024 and \$36,600,000 in FY 2025</p>
MCDCD16 Ohio Invests in Improvements for Priority Populations		
Section: 333.170	Section: 333.170	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.	Same as the Executive.	Same as the Executive.
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.	Same as the Executive.	Same as the Executive.
Requires participating hospitals to remit to ODM, through intergovernmental transfer, the nonfederal share of payment for those services.	Same as the Executive.	Same as the Executive.
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.	Same as the Executive.	Same as the Executive.

Executive	As Passed By House	As Passed By Senate
<p>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.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>
<p>MCDCD18 Voluntary Medicaid Community Engagement Program</p>		
<p>Section: 333.190</p>	<p>Section: 333.190</p>	
<p>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.</p>	<p>Same as the Executive.</p>	<p>No provision.</p>
<p>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.</p>	<p>Same as the Executive.</p>	<p>No provision.</p>
<p>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.</p>	<p>Same as the Executive.</p>	<p>No provision.</p>
<p>Requires the ODM Director to explore partnerships with education and training providers to increase training opportunities for Medicaid recipients.</p>	<p>Same as the Executive.</p>	<p>No provision.</p>

Executive	As Passed By House	As Passed By Senate
MCD25 Physician directed payment program		
<p>Section: 333.260</p> <p>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.</p> <p>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.</p> <p>Requires the program to advance the maternal and child health goals established in ODM's quality strategy required by federal law.</p>	<p>Section: 333.260</p> <p>Same as the Executive.</p> <p>Same as the Executive.</p> <p>Same as the Executive.</p>	<p>Section: 333.260</p> <p>Same as the Executive.</p> <p>Same as the Executive.</p> <p>Same as the Executive.</p>
MCD76 Hamilton County hospitals		
No provision.	No provision.	<p>Section: 333.265</p> <p>Requires the ODM Director to establish a hospital directed payment program for directed payments to nonprofit hospitals in Hamilton County that are affiliated with a public medical school and that have a Level 1 trauma center, only to the extent that local funds are available for the nonfederal share of the costs.</p>
No provision.	No provision.	<p>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 for inpatient and outpatient services under the care management system.</p>
No provision.	No provision.	<p>Requires the program to advance at least one of the health goals established in ODM's quality strategy required by federal law.</p>

Executive	As Passed By House	As Passed By Senate
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Fiscal effect: Increases DPF Fund 5DLO line item 651639, Medicaid Services – Recoveries, by \$36.2 million in FY 2024 and \$72.3 million in FY 2025, and increases FED Fund 3F00 line item 651623, Medicaid Services – Federal, by \$93 million in FY 2024 and \$185.9 million in FY 2025.

MCD50 Medicaid in Schools Program

No provision.

Section: 333.280

Requires ODM to seek approval from the U.S. Centers for Medicare and Medicaid Services to expand the Medicaid in Schools Program to include payment for any covered service provided to an eligible individual, when performed by a qualified provider in a school setting.

Fiscal effect: Increase in Medicaid expenditures. Costs will depend on the details of the approved program, and number of eligible individuals who received services under the program.

No provision.

MCD86 MyCare Ohio Expansion

No provision.

No provision.

Section: 333.320

Requires the ODM Director to seek federal approval, by July 1, 2024, to expand the Integrated Care Delivery System (known as "MyCare Ohio"), or its successor program, to all Ohio counties.

No provision.

No provision.

Requires ODM to select as the managed care entities for the expanded program an entity or entities from among the existing Medicaid MCOs.

Executive	As Passed By House	As Passed By Senate
No provision.	No provision.	Requires ODM to establish requirements for care management and coordination of waiver services, subject to certain requirements, such as employing area agencies on aging to be the coordinators of those services, unless requested by the waiver participant or ODM determines that the performance of the area agency on aging does not meet program requirements. Fiscal effect: Federal approval would be required prior to fiscal effects occurring. Post-expansion of the MyCare program, there may be cost shifting due to increased MyCare enrollment.
MCD45 Hospital Care Assurance Program and franchise permit fee		
No provision.	<p>Section: 610.80, 610.81</p> Delays the repeal of the Hospital Care Assurance Program, which compensates hospitals that provide a disproportionate share of care to indigent patients, and a separate hospital franchise fee, for two additional years from 2023 to 2025. Fiscal effect: The bill appropriates \$244.6 million in FY 2024 and \$136.7 million in FY 2025 in Fund 6510 ALI 651649, Medicaid Services - Hospital Care Assurance Program, for the program. It also appropriates \$1,631.6 million in FY 2024 and \$1,723.4 million in FY 2025 in Fund 5GF0 ALI 651656, Medicaid Services - Hospital Franchise Fee. These appropriations are supported by assessments imposed on hospitals.	<p>Section: 610.80, 610.81</p> Same as the House. Fiscal effect: Same as the House.

General

Executive	As Passed By House	As Passed By Senate
MCD48 Projected Medicaid program trend report		
	R.C. 103.414	R.C. 103.414
No provision.	Requires ODM to submit to JMOC a report by October 1 of each even-numbered year with:	Same as the House.
No provision.	(1) Historical and projected Medicaid program expenditure and utilization trend rates for each year of the upcoming fiscal biennium, and	Same as the House.
No provision.	(2) Interventions taken to curb the Medicaid per member per month cost.	Same as the House.
	Fiscal effect: Possible administrative costs.	Fiscal effect: Same as the House.
MCD40 ODM assistant director		
R.C. 121.05, 5160.04		
Permits the ODM Director to designate up to two assistant directors.	No provision.	No provision.
Fiscal effect: None.		
MCD71 Registration of health care staffing support services - ODM duties		
	R.C. 3724.09	
No provision.	In relation to the health care staffing support services registration components of DOHCD52, requires ODM to calculate and publish the statewide direct care median hourly wage for any category of health care personnel listed in the Medicaid cost reports for the most recent year for which ODM has determined such a wage.	No provision.
No provision.	Requires ODM to estimate the rate of inflation using information published by the United States Bureau of Labor Statistics.	No provision.
No provision.	Permits ODM to establish median hourly wages for any category of personnel not reported on the cost reports.	No provision.
	Fiscal effect: Potential administrative costs.	

Executive	As Passed By House	As Passed By Senate
MCD81 Payment of claims by third parties		
No provision.	No provision.	<p>R.C. 5160.40</p> <p>Decreases from 90 days to 60 days the time period in which specified third parties must respond to a request by ODM for payment of a claim.</p> <p>Fiscal effect: None.</p>
MCD72 General Assembly oversight of Medicaid waivers and changes		
No provision.	No provision.	<p>R.C. 5162.07</p> <p>Requires the ODM Director to provide written notice to JMOC not later than 65 days before applying for a Medicaid waiver or seeking federal approval for a change to the Medicaid program.</p>
No provision.	No provision.	<p>If JMOC determines that the waiver or change should not proceed, permits JMOC to recommend that the General Assembly adopt a concurrent resolution to invalidate or change the proposed waiver.</p>
No provision.	No provision.	<p>If the General Assembly adopts a concurrent resolution invalidating or changing a waiver, generally prohibits ODM from seeking any version of the waiver or change for the duration that General Assembly's term, unless authorized to do so by the General Assembly.</p> <p>Fiscal effect: Possible administrative costs.</p>
MCD44 Report on Medicaid program cost savings		
No provision.	<p>R.C. 5162.137</p> <p>Requires ODM to annually conduct a study and author a report recommending cost savings under the Medicaid program.</p> <p>Fiscal effect: Possible administrative costs.</p>	<p>R.C. 5162.137</p> <p>Same as the House.</p> <p>Fiscal effect: Same as the House.</p>

Executive	As Passed By House	As Passed By Senate
MCD75 Applied behavioral analysis coverage report		
No provision.	No provision.	<p>R.C. 5162.138</p> <p>Requires ODM to submit an annual report regarding applied behavioral analysis (ABA) coverage to the General Assembly.</p>
No provision.	No provision.	<p>Requires the report to address data from the previous fiscal year, be organized by current procedural terminology (CPT) code, and include specified information such as how many children with autism spectrum disorder were prescribed and received ABA services and the number of prior authorization denials and subsequent appeals for ABA coverage.</p>
No provision.	No provision.	<p>Requires ODM to develop outreach materials regarding services for children with autism spectrum disorder.</p> <p>Fiscal effect: Possible administrative costs.</p>
MCD69 Medicaid coverage of obesity treatment		
No provision.	<p>R.C. 5162.20, 5164.11, 5167.12</p> <p>Requires the Medicaid program to cover obesity, and prohibits the coverage from doing any of the following:</p>	No provision.
No provision.	<p>Imposing cost sharing requirements or establishing coverage limits that are different from the coverage of any other conditions.</p>	No provision.
No provision.	<p>Establishing coverage restrictions for drugs to treat obesity approved by the FDA that are more restrictive than FDA indications for the drug.</p>	No provision.
No provision.	<p>Permits ODM to establish utilization review requirements for coverage treatment for obesity so long as specified conditions are satisfied, and requires ODM to inform Medicaid recipients of the obesity coverage.</p> <p>Fiscal effect: Costs of the coverage will be dependent on the number of Medicaid recipients who receive services, and the reimbursement rates that are set.</p>	No provision.

Executive	As Passed By House	As Passed By Senate
MCD49 Report on Medicaid reforms	<p>R.C. 5162.70</p> <p>Requires ODM to submit to JMOC a report detailing the Medicaid reforms required under continuing law that ODM has implemented during the previous two years.</p> <p>Fiscal effect: Possible administrative costs.</p>	<p>R.C. 5162.70</p> <p>Same as the House, but requires the ODM Director to include in the report all Medicaid costs with the exception of one-time expenses or expenses unrelated to enrollees.</p> <p>Fiscal effect: Same as the House.</p>
MCD78 Presumptive eligibility reform	<p>No provision.</p> <p>No provision.</p>	<p>R.C. 5163.103</p> <p>Requires ODM to require a corrective action plan and training for each entity or provider qualified to make presumptive eligibility determinations when the entity or provider's error rate of determinations exceeds 7.5% in a calendar month.</p> <p>Provides that any qualified entity or provider that exceeds a presumptive eligibility error rate of 7.5% in six or more months in a 24-month period is disqualified from making presumptive eligibility determinations for 60 months.</p> <p>Fiscal effect: Possible administrative costs.</p>
MCD29 Medicaid coverage of services at outpatient health facilities	<p>R.C. 5164.05, (Repealed)</p> <p>Repeals law that requires the Medicaid program to cover comprehensive primary health services provided by outpatient health facilities with valid provider agreements.</p> <p>Fiscal effect: None.</p>	<p>R.C. 5164.05, (Repealed)</p> <p>Same as the Executive.</p> <p>Fiscal effect: Same as the Executive.</p>

Executive	As Passed By House	As Passed By Senate
<p>MCD56 Coverage for donor breast milk and milk fortifiers</p> <p>No provision.</p>	<p>R.C. 5164.072</p> <p>Requires the Medicaid program to cover medically necessary pasteurized donor human milk and human milk fortifiers for inpatient and home use in specified circumstances.</p> <p>Fiscal effect: Increase GRF ALI 651525, Medicaid Health Care Services, by \$10,000,000 (\$2,800,000 state share) in each fiscal year.</p>	<p>No provision.</p>
<p>MCD33 Obsolete Medicaid waiver language</p> <p>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</p> <p>Removes references to the Uniform Long-term Services and Support Medicaid waiver program that was never implemented.</p> <p>Fiscal effect: None.</p>	<p>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</p> <p>Same as the Executive.</p> <p>Fiscal effect: Same as the Executive.</p>	<p>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</p> <p>Same as the Executive.</p> <p>Fiscal effect: Same as the Executive.</p>
<p>MCD74 Medicaid work requirements</p> <p>No provision.</p>	<p>No provision.</p>	<p>R.C. 5166.37</p> <p>Requires the Medicaid Director to apply for a new Medicaid work requirement waiver in November 2024.</p> <p>Fiscal effect: Possible administrative costs.</p>
<p>MCD83 Meaningful employment of Medicaid recipients</p> <p>No provision.</p> <p>No provision.</p>	<p>No provision.</p> <p>No provision.</p>	<p>R.C. 5167.35</p> <p>Requires ODM, in collaboration with ODJFS, to establish a program to assist individuals enrolled in the Medicaid program secure meaningful employment.</p> <p>Requires each Medicaid managed care organization (MCO) to develop a specialized component of its MCO plan to provide referral and support services to identified enrollees in obtaining and maintaining employment.</p>

Executive	As Passed By House	As Passed By Senate
No provision.	No provision.	Requires ODM and ODJFS to convene a workgroup to assist in implementing the program.
No provision.	No provision.	Requires ODM and ODJFS to provide a periodic report to the Governor, Senate Medicaid Committee, and other relevant legislative committees regarding the implementation and operation of the program. Fiscal effect: Possible administrative costs.
MCD77 Medicaid MCO medical loss ratio		
No provision.	No provision.	R.C. 5167.50, 803.250 Requires each Medicaid MCO to submit an annual medical loss ratio report with the information required under Federal law.
No provision.	No provision.	Requires ODM to post on its public web site the information used to calculate a Medicaid MCO's medical loss ratio and each MCO's medical loss ratio report.
No provision.	No provision.	Stipulates that this change is remedial in nature and applies retroactively beginning January 1, 2017. Fiscal effect: Possible administrative costs.
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.	No provision.	No provision.

Executive	As Passed By House	As Passed By Senate
<p>MCD46 Lockable and tamper-evident containers</p>	<p>Section: 333.270</p> <p>Requires ODM to reimburse pharmacists and physicians for expenses related to dispensing or personally furnishing, respectively, drugs used in medication-assisted treatment in lockable containers or tamper-evident containers. Earmarks \$500,000 in each fiscal year from GRF ALI 651525, Medicaid Health Care Services, for this reimbursement.</p> <p>Fiscal effect: Increases the state share of GRF ALI 651525 by the same amount to fund the earmark.</p>	<p>Section: 333.270</p> <p>Same as the House.</p> <p>Fiscal effect: Same as the House.</p>
<p><u>Appropriation Language</u></p>		
<p>MCD47 Lodging for families with children who have special needs</p>	<p>Section: 333.15</p> <p>Requires the ODM Director to work with the U.S. Centers for Medicare and Medicaid Services to add lodging as an available administrative service for families with children who have special health care needs. Earmarks \$1,250,000 in each fiscal year from GRF ALI 651425, Medicaid Program Support - State, as well as \$1,250,000 in each fiscal year from Fund 3F00 ALI 651624, Medicaid Program Support - Federal, for this program.</p> <p>No provision.</p> <p>Fiscal effect: Increases the appropriations for GRF ALI 651425, Medicaid Program Support - State and Fund 3F00 ALI 651624, Medicaid Program Support - Federal by the same amounts to fund the earmark.</p>	<p>Section: 333.15</p> <p>Same as the House, but changes the funding source for the lodging program to GRF line item 651525, Medicaid Health Care Services. Earmarks \$2,500,000 in each fiscal year from line item 651525 to fund this program.</p> <p>States that the lodging program is to support lodging for patients at Ohio children's hospitals.</p> <p>Fiscal effect: Changes earmark from GRF ALI 651425, Medicaid Program Support, and FED Fund 3F00 ALI 651624, Medicaid Program Support - Federal, to GRF ALI 651525, Medicaid Health Care Services.</p>

Executive	As Passed By House	As Passed By Senate
<p>MCDCD1 Medicaid Health Care Services</p> <p>Section: 333.20</p> <p>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.</p>	<p>Section: 333.20</p> <p>Same as the Executive.</p>	<p>No provision.</p>
<p>MCDCD2 Lead abatement and related activities</p> <p>Section: 333.30</p> <p>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. Permits the OBM Director, if such a transfer occurs, to adjust the federal share of GRF ALI 651525 accordingly.</p> <p>Allows the ODM Director to transfer federal funds for these transactions.</p> <p>Appropriates any transferred amounts.</p>	<p>Section: 333.30</p> <p>Same as the Executive.</p> <p>Same as the Executive.</p> <p>Same as the Executive.</p>	<p>Section: 333.30</p> <p>Same as the Executive.</p> <p>Same as the Executive.</p> <p>Same as the Executive.</p>
<p>MCDCD4 Medicare Part D</p> <p>Section: 333.50</p> <p>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.</p> <p>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.</p> <p>Requires the OBM Director to adjust the federal share of ALI 651525, if the state share is adjusted.</p>	<p>Section: 333.50</p> <p>Same as the Executive.</p> <p>Same as the Executive.</p> <p>Same as the Executive.</p>	<p>Section: 333.50</p> <p>Same as the Executive.</p> <p>Same as the Executive.</p> <p>Same as the Executive.</p>

Executive	As Passed By House	As Passed By Senate
Requires ODM to provide notification to the Controlling Board of any such transfers at the next scheduled meeting.	Same as the Executive.	Same as the Executive.
MCDCD6 Deposits to the Health Care/Medicaid Support and Recoveries Fund		
Section: 333.70	Section: 333.70	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).	Same as the Executive.	Same as the Executive.
MCDCD7 Cash transfers from the Health Care/Medicaid Support and Recoveries Fund to the Statewide Prevention and Treatment Fund		
Section: 333.80	Section: 333.80	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).	Same as the Executive.	Same as the Executive, but changes the fund to which the transfer is permitted to the Behavioral Health Care Fund (Fund 5AU0) instead of the Statewide Prevention and Treatment Fund (Fund 4750).
Requires any transferred funds be used to support Centers of Excellence and related activities. Appropriates any transferred funds.	Same as the Executive.	Same as the Executive.
MCDCD85 Fairfield County Commission		
No provision.	No provision.	Section: 333.85 Earmarks \$4,500,000 in FY 2024 in Fund 5DL0 ALI 651639, Medicaid Services – Recoveries, to be used by the Fairfield County Commission to address urgent medical issues facing the residents of Fairfield County.

Executive	As Passed By House	As Passed By Senate
<p>MCDCD8 Cash transfers from the Health Care/Medicaid Support and Recoveries Fund to the Department of Aging for the ombudsman program</p> <p>Section: 333.90</p> <p>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.</p>	<p>Section: 333.90</p> <p>Same as the Executive.</p>	<p>Section: 333.90</p> <p>Same as the Executive.</p>
<p>MCDCD11 Refunds and Reconciliation Fund</p> <p>Section: 333.120</p> <p>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.</p>	<p>Section: 333.120</p> <p>Same as the Executive.</p>	<p>Section: 333.120</p> <p>Same as the Executive.</p>
<p>MCDCD12 Non-emergency medical transportation</p> <p>Section: 333.130</p> <p>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.</p>	<p>Section: 333.130</p> <p>Same as the Executive.</p>	<p>Section: 333.130</p> <p>Same as the Executive.</p>

Executive	As Passed By House	As Passed By Senate
MCDCD14 Home and community based services appropriations - state		
<p>Section: 333.150</p> <p>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.</p> <p>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.</p>	<p>Section: 333.150</p> <p>Same as the Executive.</p> <p>Same as the Executive.</p>	<p>Section: 333.150</p> <p>Same as the Executive, but adds DPF ALI 659698, BOR Home and Community Based Services, to the list of line items specified by the Executive.</p> <p>Same as the Executive.</p>
MCDCD15 Home and community based services appropriations - federal		
<p>Section: 333.160</p> <p>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.</p> <p>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.</p>	<p>Section: 333.160</p> <p>Same as the Executive.</p> <p>Same as the Executive.</p>	<p>Section: 333.160</p> <p>Same as the Executive.</p> <p>Same as the Executive.</p>

Executive	As Passed By House	As Passed By Senate
MCD17 Work Community Engagement Program - county costs		
<p>Section: 333.180</p> <p>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.</p> <p>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.</p> <p>Requires the ODM Director to establish criteria for distributing these funds and for CDJFSs to submit allowable expenses.</p>	<p>Section: 333.180</p> <p>Same as the Executive.</p> <p>Same as the Executive.</p> <p>Same as the Executive.</p>	<p>Section: 333.180</p> <p>Same as the Executive.</p> <p>Same as the Executive.</p> <p>Same as the Executive.</p>
MCD24 Transfer of appropriation for pre-admission screening resident review contract from OhioMHAS to ODM		
<p>Section: 333.250</p> <p>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.</p> <p>Permits, if receipts credited to the fund exceed available amounts, the ODM Director to adjust payment amounts or terminate the program.</p>	<p>Section: 333.250</p> <p>Same as the Executive.</p> <p>Same as the Executive.</p>	<p>Section: 333.250</p> <p>Same as the Executive.</p> <p>Same as the Executive.</p>

Executive	As Passed By House	As Passed By Senate
AGECD16 Home health and personal care aide training		
	R.C. 173.525	R.C. 173.525
No provision.	Prohibits ODA from requiring more than eight hours of pre-service training and more than six hours of annual in-service training for home health aides (HHAs) providing services under the PASSPORT Program.	Replaces the House provision with one that prohibits ODA from requiring an HHA to receive more hours of pre-service training or annual in-service training than required by federal law.
No provision.	Prohibits ODA from requiring more than eight hours of pre-service training and more than six hours of annual in-service training for personal care aides providing services under the PASSPORT Program.	Same as the House, but prohibits ODA from requiring a PCA to receive more than 30 hours of pre-service training instead of eight hours.
No provision.	Permits a registered nurse, licensed practical nurse, or nurse aide to supervise an HHA or PCA providing services under the PASSPORT Program.	No provision.
	Fiscal effect: Minimal.	Fiscal effect: Same as the House.
AGECD8 Long-term care		
Section: 209.20	Section: 209.20	Section: 209.20
Permits ODM, pursuant to an interagency agreement, to designate ODA to perform level of care assessments.	Same as the Executive.	Same as the Executive.
Requires ODA to provide long-term care consultations to assist individuals in planning for their long-term health care needs.	Same as the Executive.	Same as the Executive.
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.	Same as the Executive.	Same as the Executive.

Executive	As Passed By House	As Passed By Senate
AUDCD19 ODM audit		
No provision.	No provision.	<p>Section: 701.110</p> <p>Requires the Auditor of State (AOS) to conduct audits of ODM and the programs it administers. Specifies that the AOS may determine the subject and scope of these audits, which may include specified topics. Requires the AOS to periodically report the results of these audits to JMOC.</p>
No provision.	No provision.	<p>Permits the AOS to charge ODM for the costs of the audits.</p> <p>Fiscal effect: Audit expenses will depend on the scope of the audit conducted and will be paid by ODM.</p>

Executive	As Passed By House	As Passed By Senate
OBMCD49 Medicaid Caseload and Expenditure Forecast report		
No provision.	No provision.	<p>R.C. 107.03, 126.021, 126.023</p> <p>Requires the OBM Director, in consultation with the ODM Director, to submit to the Governor a Medicaid Caseload and Expenditure Forecast report as part of the Director's duty to submit biennial budget estimates.</p>
No provision.	No provision.	<p>Provides a detailed list of data and analysis components that must be included in the report and requires that information be supported by data for each fiscal year of the proposed budget biennium and for each fiscal year of the preceding budget biennium, or more years, if determined useful by the OBM and ODM directors.</p>
No provision.	No provision.	<p>Adds the new report, as a supplemental budget document, to the list of items that must be included with the Governor's budget when submitted to the General Assembly and outlines other required features of the report.</p>
No provision.	No provision.	<p>Specifies that the new report must indicate whether the data used is proposed, estimated, or actual data.</p> <p>Fiscal effect: Minimal.</p>
OBMCD36 Reappropriation of recovery and relief funds		
<p>Section: 505.80</p> <p>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).</p>	<p>Section: 505.80</p> <p>Same as the Executive.</p>	<p>Section: 505.80, 610.30 and 610.31</p> <p>Same as the Executive, but removes the Health and Human Services Fund (Fund 5SA4) from the list of funds for which the available balance at the end of FY 2024 is reappropriated for FY 2025, and adds ARPA Home and Community Based Services - Federal Fund (Fund 3HC8) and ARPA Home and Community Based Services Fund (Fund 5HC8) to the list.</p>

Executive	As Passed By House	As Passed By Senate
No provision.	No provision.	Amends Section 287.10 of H.B. 45 of the 134th G.A. to remove Fund 5SA4 from a list of funds for which the available balance at the end of FY 2023 are reappropriated to the same line item for the same purposes in FY 2024.
OBMCD38 Fiscal year 2023 General Revenue Fund ending balance		
Section: 513.10	Section: 513.10	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:	Same as the Executive, but changes the transfers as follows:	Same as the Executive, but changes the transfers as follows:
(1) Up to \$2,400,000,000 to the All Ohio Future Fund (Fund 5XM0);	(1) Same as the Executive, but decreases the amount of the transfer to \$500,000,000.	(1) Same as the Executive, but decreases the amount of the transfer to \$917,000,000.
(2) Up to \$1,000,000,000 to the Health and Human Services Reserve Fund (Fund 5SA4);	(2) No provision.	(2) No provision.
(3) Up to \$307,196,000 to the H2Ohio Fund (Fund 6H20);	(3) Same as the Executive.	(3) Same as the Executive, but decreases the cash transfer to \$270,000,000.
(4) Up to \$200,000,000 to the Career Technical Education Facilities Fund (Fund 5ZJ0);	(4) No provision.	(4) No provision.
(5) Up to \$50,000,000 to the Local Jail Grant Fund (Fund 5ZQ0);	(5) Same as the Executive, but increases the amount of the transfer to \$200,000,000.	(5) Same as the House, but decreases the transfer amount to \$75,000,000.
(6) Up to \$190,000,000 to the EXPO 2050 Fund (Fund 5ZN0);	(6) Same as the Executive.	(6) No provision.
(7) Up to \$150,000,000 to the Innovation Hubs Fund (Fund 5ZK0);	(7) Same as the Executive but reduces the transfer amount to \$25,000,000.	(7) Same as the House, but increases the transfer amount to \$50,000,000.
(8) Up to \$140,000,000 to the Statewide Treatment and Prevention Fund (Fund 4750);	(8) No provision.	(8) Same as the Executive, but decreases the transfer amount to \$10,000,000.
(9) Up to \$125,000,000 to the Rail Safety Crossing Fund (Fund 5ZP0);	(9) No provision.	(9) Same as the Executive, but reduces the amount of the transfer to \$100,000,000.
(10) Up to \$65,000,000 to the Veterans Homes Modernization Fund (Fund 5ZO0);	(10) Same as the Executive.	(10) Same as the Executive.

Executive	As Passed By House	As Passed By Senate
(11) No provision.	(11) Up to \$102,000,000 cash to the Local Projects Fund (Fund 5ZZ0);	(11) No provision.
(12) Up to \$50,000,000 to the Controlling Board Emergency Purposes/Contingencies Fund (Fund 5KM0);	(12) Same as the Executive.	(12) Same as the Executive.
(13) No provision.	(13) Up to \$150,000,000 cash to the Downtown Development Grant Fund (Fund 5ZU0);	(13) No provision.
(14) No provision.	(14) Up to \$50,000,000 cash to the Township Development Grant Fund (Fund 5ZV0);	(14) No provision.
(15) No provision.	(15) Up to \$25,000,000 cash to the Cultural Center Grant Fund (Fund 5ZW0);	(15) No provision.
(16) No provision.	(16) Up to \$25,000,000 cash to the County and Independent Fairs Grant Fund (Fund 5ZX0);	(16) No provision.
(17) No provision.	(17) Up to \$196,260,000 cash to the Third Frontier Research and Development Bond Retirement Fund (Fund 7070);	(17) No provision.
(18) No provision.	(18) Up to \$18,340,000 cash to the Coal Research and Development Bond Retirement Fund (Fund 7076);	(18) No provision.
(19) No provision.	(19) \$54,558,000 cash to the newly created Hospital Relief Fund (Fund 5AE1);	(19) No provision.
(20) No provision.	(20) Up to \$50,000,000 cash to the Airport Development Grants Fund (Fund 5AC1);	(20) No provision.
(21) No provision.	(21) Up to \$1,000,000,000 cash to the Connect4Ohio Fund (Fund 5ZR0);	(21) No provision.
(22) No provision.	(22) Up to \$100,000,000 cash to the newly created Super RAPIDS Fund (Fund 5AH1);	(22) Same as the House.
(23) No provision.	(23) Up to \$33,000,000 cash to the newly created Accelerated School Assistance Program Fund (Fund 5AG1);	(23) No provision.
(24) No provision.	(24) \$30,000,000 cash to the newly created Child Care Infrastructure Fund (Fund 5AK1);	(24) Same as the House, but decreases the amount of the transfer to \$15,000,000;

Executive	As Passed By House	As Passed By Senate
(25) No provision.	(25) Up to \$50,000,000 cash to the Broadband Pole Replacement Fund (Fund 5AI1);	(25) No provision.
(26) No provision.	(26) Up to \$30,000,000 cash to the newly created Foodbanks Fund (Fund 5AJ1);	(26) No provision.
(27) No provision.	(27) Up to \$5,000,000 cash to the newly created Ohio Aviation Workforce Innovation Fund (Fund 5AF1).	(27) No provision.
(28) No provision.	(28) No provision.	(28) Up to \$11,300,000 cash to the BOE Reimbursement and Education Fund (Fund 5FG0);
(29) No provision.	(29) No provision. (See OBMCD37)	(29) Up to \$350,000,000 cash to the Brownfield Remediation Fund (Fund 5YE0);
(30) No provision.	(30) No provision. (See OBMCD37)	(30) Up to \$150,000,000 cash to the Building Demolition and Site Revitalization Fund (Fund 5YF0);
(31) No provision.	(31) No provision. (See OBMCD37)	(31) Up to \$45,945,547 cash to the Next Generation 911 Fund (Fund 5AB1);
(32) No provision.	(32) No provision. (See OBMCD37)	(32) Up to \$46,532,681 cash to the 988 Suicide and Crisis Response Fund (Fund 5AA1);
(33) No provision.	(33) No provision.	(33) \$3,500,000 cash to the newly created Capitol Square Improvement Fund (Fund 5AN1);
(34) No provision.	(34) No provision. (See OBMCD37)	(34) Up to \$14,000,000 cash to the Meat Processing Investment Program Fund (Fund 5XX0);
(35) No provision.	(35) No provision.	(35) \$4,000,000 cash to the newly created University Dental School Fund (Fund 5AO1);
(36) No provision.	(36) No provision.	(36) Up to \$1,000,000,000 cash to the newly created One Time Strategic Community Investments Fund (Fund 5AY1).
(37) No provision.	(37) No provision.	(37) \$100,000,000 cash to the Welcome Home Ohio Fund (Fund 5AP1);
(38) No provision.	(38) No provision.	(38) Up to \$2,500,000 cash to the Statewide Children’s Vision Initiative Fund (Fund 5AT1);

Executive	As Passed By House	As Passed By Senate
(39) No provision.	(39) No provision.	(39) Up to \$160,148,000 cash to the Literacy Improvement Fund (Fund 5AQ1);
(40) No provision.	(40) No provision.	(40) Up to \$5,000,000 cash to the newly created Data Analysis Transparency Fund (Fund 5AS1);
(41) No provision.	(41) No provision.	(41) \$991,000,000 cash to the newly created Expanded Sales Tax Holiday Fund (Fund 5AX1);
(42) No provision.	(42) No provision.	(42) Up to \$6,500,000 cash to the newly created Cyber Security/Technology Upgrades Fund (Fund 5AW1);
(43) No provision.	(43) No provision.	(43) Up to \$1,000,000 cash to the newly created Orphan Rail Fund (Fund 5AV1);
(44) No provision.	(44) No provision.	(44) Up to \$10,000,000 cash to the newly created Wayside Detector Grant Fund (Fund 5AU1);
(45) No provision.	(45) No provision.	(45) \$5,000,000 cash to the newly created eWarrant Local Integration Fund (Fund 5AZ1);
Requires that the remaining amount of the surplus revenue remain in the GRF.	Same as the Executive.	Same as the Executive.
OBMCD42 Health and Human Services Reserve Fund		
Section: 516.20	Section: 516.20	Section: 516.20
Renames the Health and Human Services Fund to the Health and Human Services Reserve Fund (Fund 5SA4).	Same as the Executive.	Same as the Executive.

Executive	As Passed By House	As Passed By Senate
No provision.	No provision.	Requires the ODM Director, in FY 2024 and FY 2025, if Medicaid appropriations are insufficient to fully pay obligations, to request Controlling Board approval of a cash transfer from Fund 5SA4 to the GRF to support the necessary increase in the state share of GRF ALI 651525, Medicaid Health Care Services. Requires the ODM Director also to indicate the corresponding increase in the federal share of 651525. Requires the OBM Director to transfer, upon approval, the approved cash amount. Appropriates the approved increases in ALI 651525. Limits such cash transfers to a total of \$600,000,000 during the FY 2024-FY 2025 biennium.

Executive	As Passed By House	As Passed By Senate
<p>KIDCD1 Creation of the Department of Children and Youth</p> <p>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</p>	<p>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</p>	<p>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</p>
<p>Creates DCY on July 1, 2023, to serve as the state's primary children's services agency and establishes the position of DCY Director.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>
<p>Requires DCY to facilitate and coordinate the delivery of children's services in Ohio.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>
<p>Addresses the transfer of duties to DCY relating to children's services, including by doing the following:</p>	<p>Same as the Executive.</p>	<p>Same as the Executive, but makes the following changes:</p>
<p>(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.</p>	<p>(1) Same as the Executive.</p>	<p>(1) Same as the Executive, but refers to DEW instead of ODE (see EDUCD137).</p>
<p>(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.</p>	<p>(2) Same as the Executive.</p>	<p>(2) Same as the Executive.</p>
<p>(3) No provision.</p>	<p>(3) No provision.</p>	<p>(3) Requiring the DCY Director to follow rule adoption procedures in the Administrative Procedure Act to adopt administrative rules, unless the law authorizing the rule specifies a different procedure.</p>
<p>(4) No provision.</p>	<p>(4) No provision.</p>	<p>(4) Requiring the agencies transferring children's services duties to DCY to reduce the number of regulatory restrictions identified by the agencies in their rules related to children's services under prior law by the percentage required in continuing law before January 1, 2025, rather than June 30, 2025, as currently required.</p>

Executive	As Passed By House	As Passed By Senate
(5) No provision.	(5) No provision.	(5) Requiring, beginning when rules related to children's services are transferred to DCY on January 1, 2025, and ending June 30, 2025, DCY to comply with the continuing law regulatory restriction reduction requirements.
(6) No provision.	(6) No provision.	(6) Requiring JCARR to include regulatory restrictions in rules transferred to or adopted by DCY, minus any reductions achieved by DCY, when calculating the maximum number of regulatory restrictions permitted in Ohio beginning July 1, 2025.
(7) No provision.	(7) No provision.	(7) Prohibiting the directors of agencies transferring children's services related rules to DCY from treating the transfer as a reduction in regulatory restrictions for purposes of satisfying the reduction requirements in continuing law.
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.	Same as the Executive.	Same as the Executive.
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.	Fiscal effect: Same as the Executive.	Fiscal effect: Same as the Executive.

Executive	As Passed By House	As Passed By Senate
<p>KIDCD3 Infant Vitality</p>	<p>Section: 423.20</p>	<p>Section: 423.20</p>
<p>Earmarks up to \$2,500,000 in each fiscal year in GRF ALI 830404, Infant Vitality, to be used, in consultation with the Governor's Office of Children's Initiatives, to support programming by community and local faith-based service providers that invests in maternal health programs, provides services and support to pregnant mothers, and improves both maternal and infant health outcomes.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>
<p>No provision.</p>	<p>Earmarks \$2,000,000 in each fiscal year in GRF ALI 830404, Infant Vitality, for Brigid's Path to support their infant and maternal health programs that improve health outcomes for infants who are born substance-exposed, support family resiliency, and prevent placements in the child welfare system.</p>	<p>Same as the House, but reduces the amount to \$1,000,000 in each fiscal year.</p>
<p>No provision.</p>	<p>Requires DCY, in coordination with ODM, beginning in FY 2024, to establish a bundle of funding for nonmedical maternal and child health programmatic services provided by residential infant care centers to infants born substance-exposed and their families.</p>	<p>Same as the House.</p>
<p>No provision.</p>	<p>Requires DCY and ODM, not later than June 30, 2025, to establish a permanent reimbursement model for the services provided by residential infant care centers described above that includes reimbursement for medical and nonmedical services.</p>	<p>Same as the House.</p>
<p>Requires the remainder of the ALI to be used to fund a multi-pronged population health approach to address infant mortality.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>

Executive	As Passed By House	As Passed By Senate
<p>Specifies that this approach may include the following: increasing awareness, including awareness regarding respiratory syncytial virus; supporting data collection; analysis and interpretation to inform decision-making and ensure accountability; targeting resources where the need is greatest; and implementing quality improvement science and programming that is evidence-based or based on emerging practices.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>
<p>Specifies that measureable interventions may include activities related to safe sleep, community engagement, group prenatal care, preconception education, continuous support for women during pregnancy and childbirth, patient navigators, community health workers, early childhood home visiting, newborn screening, safe birth spacing, gestational diabetes, smoking cessation tailored for pregnant women, breastfeeding, care coordination, and progesterone.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>

Executive	As Passed By House	As Passed By Senate
<p>DDDCD22 ICF/IID payment rate</p> <p>R.C. 5124.15</p> <p>No provision.</p> <p>Increases the per Medicaid day rate for ICFs/IID by adding a professional workforce development payment equal to 6.5% of an ICF/IID's desk-reviewed, actual, allowable costs.</p> <p>Fiscal effect: Depends on future cost reports. DODD projects a potential annual increase of \$25 million (all funds) on top of the payment rate.</p>	<p>R.C. 5124.15, Section 261.75</p> <p>Earmarks \$42,990,146 in FY 2024 and by \$145,076,944 in FY 2025 from GRF ALI 653407, Medicaid Services, and \$76,426,925 in FY 2024 and \$257,914,568 in FY 2025 from Fund 5A40 ALI 653654, Medicaid Services, to be used for increasing base payment rates to \$17 an hour in FY 2024 beginning on January 1, 2024, and to \$18 an hour in FY 2025 for certain direct care services under the home and community-based waivers administered by DODD. (See also MCDCD67)</p> <p>Same as the Executive, but changes to 13.55% in FY 2024 and 20.81% in FY 2025.</p> <p>Fiscal effect: Increases the appropriations for ALIs 653407 and 653654 by the same amounts to fund the rate increase earmarks.</p>	<p>R.C. 5124.15, Section 261.75</p> <p>Same as the House.</p> <p>Same as the House.</p> <p>Fiscal effect: Same as the House.</p>
<p>DDDCD14 Competitive wages for direct care workforce of Medicaid services</p> <p>Section: 261.150</p> <p>Requires provider rate increases be used for increased wages and needed workforce supports.</p> <p>Provides that the increased wages and workforce supports are to be funded from the DODD, ODM, and ODA budgets.</p> <p>Fiscal effect: Estimated annual impact of \$375 million (all funds).</p>	<p>Section: 261.150</p> <p>Same as the Executive.</p> <p>Same as the Executive.</p> <p>Fiscal effect: Same as the Executive.</p>	<p>Section: 261.150</p> <p>Same as the Executive.</p> <p>Same as the Executive.</p> <p>Fiscal effect: Same as the Executive.</p>

Executive	As Passed By House	As Passed By Senate
Early Childhood		
EDUCD142 Data verification codes for children receiving services using public funds		
No provision.	No provision.	<p>R.C. 3301.0714, 3301.0723</p> <p>Allows the directors of various state agencies, on behalf of a program that receives public funds and provides services to children younger than compulsory school age, to request child data verification codes for children receiving services from the program.</p>
No provision.	No provision.	<p>Requires the independent contractor under contract with DEW to create and maintain student data verification codes for school districts to assign codes to children receiving services from the program and to provide the codes to the state agency director who requested them from the contractor on the program's behalf.</p>
No provision.	No provision.	<p>Requires the requesting agency director to provide the codes to the program and requires the program to use them for purposes of submitting information about the children to DEW, but only to the extent permitted by federal law.</p> <p>Fiscal effect: Likely minimal.</p>

Executive	As Passed By House	As Passed By Senate
<p>GOVCD3 Electronic notification, meeting, and data storage law changes</p>	<p>Section: 130.20, 130.21 to 130.28; numerous R.C. sections</p>	<p>Section: 130.20, 130.21 to 130.28; numerous R.C. sections</p>
<p>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.)</p>	<p>Same as the Executive.</p>	<p>Same as the Executive, with technical changes.</p>
<p>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.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive, with technical changes.</p>
<p>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.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive, with technical changes.</p>
<p>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.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive, with technical changes.</p>

Executive	As Passed By House	As Passed By Senate
<p>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.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive, with technical changes.</p>
<p>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.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive, with technical changes.</p>
<p>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.</p>	<p>Fiscal effect: Same as the Executive.</p>	<p>Fiscal effect: Same as the Executive.</p>

Executive

As Passed By House

As Passed By Senate

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).

Section: 291.20

| Same as the Executive.

| Same as the Executive.

Section: 291.20

| Same as the Executive.

| Same as the Executive.

Executive	As Passed By House	As Passed By Senate
JFSCD81 Falsifying information on application for public assistance		
No provision.	No provision.	<p>R.C. 5101.75</p> <p>Prohibits an individual applying for public assistance benefits from knowingly falsifying information on an application for public assistance benefits.</p>
No provision.	No provision.	<p>Specifies that if a case worker determines that an applicant knowingly falsified information, the applicant is ineligible to receive public assistance benefits for six months.</p> <p>Fiscal effect: Potential decrease in benefits if any individuals falsify information.</p>
JFSCD83 ODJFS benefit case report to the General Assembly		
No provision.	No provision.	<p>R.C. 5101.98</p> <p>Requires ODJFS to compile a quarterly report and submit it to the General Assembly including the following information about public assistance programs:</p>
(1) No provision.	(1) No provision.	(1) Payments made in error and the dollar amount of those payments;
(2) No provision.	(2) No provision.	(2) Work requirement exemptions issued;
(3) No provision.	(3) No provision.	(3) Confirmed cases of fraud or intentional program violation;
(4) No provision.	(4) No provision.	(4) High balance SNAP accounts;
(5) No provision.	(5) No provision.	(5) Out-of-state SNAP transactions;
(6) No provision.	(6) No provision.	(6) SNAP transactions where the final amount processed was a whole dollar amount without additional cents.
Fiscal effect: Administrative costs.		

Executive	As Passed By House	As Passed By Senate
MHACD41 Exchange of Medicaid recipient information with ADAMHS boards		
No provision.	No provision.	<p>R.C. 340.035, 5160.45</p> <p>Requires OhioMHAS and ODM to adopt rules establishing requirements and procedures for the exchange of Medicaid recipient data between ADAMHS boards and ODM.</p>
No provision.	No provision.	Requires the data to be exchanged accordingly.
No provision.	No provision.	Requires OhioMHAS and ODM to each submit a report with specified information regarding the data exchange requirements and procedures.
Fiscal effect: Minimal.		

Executive	As Passed By House	As Passed By Senate
<p>NURCD1 Doula registry and advisory board</p>	<p>R.C. 4723.89, 4723.90</p>	
<p>No provision.</p>	<p>Requires NUR to establish standards and procedures for issuing certificates to doulas and outlines requirements that should be addressed in rule, including the establishment of certificate application and renewal fees, as well as a waiver of those fees for applicants with a family income below 300% FPL.</p>	<p>No provision.</p>
<p>No provision.</p>	<p>Requires NUR to develop and regularly update a registry of doulas, which is to be made available on the NUR website.</p>	<p>No provision.</p>
<p>No provision.</p>	<p>Establishes the Doula Advisory Board within NUR, which will meet during the five year period that the Medicaid program covers doula services (see MCD52). Establishes the Board's membership and duties and requires NUR to provide meeting space, staff, and other technical assistance required for the Board to carry out its duties.</p>	<p>No provision.</p>
	<p>Fiscal effect: NUR will realize administrative and information technology costs to certify doulas and establish a registry. However, NUR could realize a gain in certification revenue. NUR will realize per diem and reimbursement expenses for the Advisory Board.</p>	

Executive	As Passed By House	As Passed By Senate
DRCCD20 Prison nursery doula program	<p>R.C. 5120.658</p>	
No provision.	<p>Establishes a five-year program in DRC for certified doulas to provide doula services to inmates participating in a prison nursery program.</p>	No provision.
No provision.	<p>Specifies that any rules adopted are not subject to existing regulatory restriction reduction requirements.</p> <p>Fiscal effect: DRC's costs to operate the required doula program will depend on the number of inmates participating in any prison nursery program.</p>	No provision.