

Executive	As Passed By House	As Passed By Senate
<u>Eligibility</u>		
MCDCD40 Hospital presumptive eligibility		
	R.C. 5163.102	
No provision.	By January 1, 2026, requires ODM to submit a waiver request to CMS to eliminate mandatory Medicaid hospital presumptive eligibility and limit presumptive eligibility determinations to only pregnant women and children.	No provision.
No provision.	Requires that the waiver request include a program by which ODM sets presumptive eligibility standards for qualified hospitals and establishes penalties for failure to meet them.	No provision.
No provision.	Requires ODM to submit a new waiver request within 24 months of any denial or waiver withdrawal.	No provision.
No provision.	Prohibits ODM from designating itself as a qualified health entity for presumptive eligibility determinations or any other purpose not expressly authorized by state or federal law.	No provision.
No provision.	Not later than 90 days after receiving waiver approval from CMS, requires the Auditor of State to conduct an audit to ensure compliance with these requirements. Fiscal effect: ODM will incur administrative expenses to prepare and apply for the specified waiver. Conditional on waiver approval, ODM and the Auditor of State would incur expenses related to the subsequent audit. Also conditional on waiver approval, ODM may then experience decreases in service costs if fewer individuals receive coverage as a result of the new presumptive eligibility procedures.	No provision.

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MCD73 Medicaid Group VIII eligibility redeterminations		
No provision.	No provision.	<div>R.C. 5163.11</div> <div>To the extent permissible under federal law, requires ODM to conduct eligibility redeterminations for Group VIII enrollees every six months.</div> <div>Fiscal effect: Potential for increased administrative costs if increased redeterminations are permitted, and potential for service savings if increased redeterminations are permitted and lead to higher disenrollment.</div>
MCD47 Medicaid change in circumstances eligibility verification		
No provision.	<div>R.C. 5163.50</div> <div>Requires ODM or its designee, not later than 30 days after the bill's effective date, to begin utilizing third-party data sources and systems to conduct eligibility change in circumstances checks for all Medicaid recipients at least quarterly; details the types of data sources and systems against which eligibility must be verified.</div>	<div>R.C. 5163.50</div> <div>Replaces House provision with one that requires ODM to issue one or more requests for information relating to Medicaid eligibility data and operations, to identify and assess systems and solutions that may be able to improve or augment the management, efficiency, frequency, and accuracy of Medicaid eligibility determinations and processing.</div>
No provision.	No provision.	<div>Requires ODM to consider augmenting existing vendor arrangements relating to processing and managing Medicaid eligibility cases, as described above.</div>
No provision.	<div>Requires ODM to disenroll individuals found to be no longer eligible for Medicaid benefits.</div>	<div>No provision.</div>
No provision.	<div>Requires ODM to submit a report to the JMOC Executive Director not later than December 31, 2025, and every six months thereafter, detailing verification efforts and any findings of fraud, waste, and abuse in the Medicaid program.</div>	<div>No provision.</div>
No provision.	<div>Permits ODM to employ a similar process for determining whether members of the expansion eligibility group (Group VIII) are complying with any established work and community engagement requirements.</div>	<div>No provision.</div>

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No provision.	Authorizes Medicaid providers to employ similar processes to verify an individual's eligibility for Medicaid benefits.	No provision.
No provision.	Specifies that any third-party vendor expenses incurred from the required verification are contingent on validated cost savings realized by ODM. Fiscal effect: Third-party costs and validated savings may offset. Dependent on outcome of the program, ODM may experience further administrative costs, and/or experience service savings.	Replaces House provision with one that authorizes ODM to procure one or more vendors to implement any solutions identified as cost effective and feasible, and specifies that any vendor compensation is performance based. Fiscal effect: Dependent on outcome of the program, ODM may experience further administrative costs, and/or experience service savings.
MCD41 Continuous Medicaid enrollment for children		
No provision.	R.C. 5166.45, (Repealed) Eliminates a provision of law that requires ODM to seek approval to provide continuous Medicaid enrollment for Medicaid-eligible children from birth through age three. Fiscal effect: Possible service cost savings.	R.C. 5166.45, (Repealed) Same as the House. Fiscal effect: Same as the House.
MCD58 Group VIII transition plan		
No provision.	Section: 333.360 If, during FY 2026 or FY 2027, the FMAP for the Medicaid Group VIII is set below 90%, requires ODM to establish a phased transition plan to assist individuals who are no longer Medicaid eligible by redirecting them to private insurance subsidies or charity care programs that provide medical assistance. (See OBMCD32).	Section: 333.360 Same as the House.
No provision.	Permits the ODM Director to establish a temporary hospital assessment and/or federally qualified health center assessment and federally qualified health center look-alike assessment to offset the cost of uncompensated care that may result from providing medical care to former members of Group VIII.	No provision.

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No provision.	<div>If the ODM Director establishes such a temporary hospital assessment and/or federally qualified health center assessment and federally qualified health center look-alike assessment, permits the Director to request Controlling Board approval of transfers and increases of appropriations as necessary to implement the assessment(s). Appropriates any approved amounts.</div> <div>Fiscal effect: Savings would be highly variable, and dependent on whether FMAP will be set below 90%, and in this contingent scenario, whether the ODM Director does or does not establish a temporary hospital assessment.</div>	<div>No provision.</div> <div>Fiscal effect: Savings would be highly variable, and dependent on whether FMAP will be set below 90%.</div>
<u>Nursing Facilities</u>		
MCD65 Private room incentive payments		
	R.C. 126.021, 5162.138, 5165.158	
No provision.	Regarding the private room incentive rate paid to nursing facilities for private occupancy rooms, removes: (1) outdated terms related to the initial CMS approval and ODM initial application process, and (2) a provision permitting ODM to deny an application if expenditures on the private room payments are projected to exceed \$160 million in a fiscal year.	No provision.
No provision.	Instead, (1) permits ODM to deny an application if the application would cause the total number of private rooms in the state to exceed 15,000 and (2) prohibits ODM from paying the private room incentive payment rate for more than 15,000 rooms.	No provision.

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No provision.	<div>Beginning in 2026, requires ODM to submit a quarterly report to JMOC about the number of private rooms in Ohio nursing facilities, including the total number of licensed private beds and the number of those beds that are occupied by Medicaid residents, and requires the information in that report to be included in the Medicaid caseload and expenditures report.</div> <div>Fiscal effect: Depending on number of approved private rooms as of the effective date, possible service savings if spending is further below the previous cap. Possible administrative costs related to reporting requirements.</div>	No provision.
<div>MCD1CD1 Waiver of ineligibility period for nursing facility services</div> <div>R.C. 5163.30</div> <div>Permits, rather than requires, ODM to grant a waiver to a resident of a nursing facility who is ineligible to receive nursing facility services due to the individual or individual's spouse disposing of assets for less than fair market value, if the administrator of the nursing facility has notified the individual of a proposed transfer or discharge from the facility due to failure to pay for services and the transfer or discharge has been upheld by a final determination.</div> <div>Fiscal effect: Potential decrease in nursing facility costs.</div>	<div>R.C. 5163.30</div> <div>Same as the Executive.</div> <div>Fiscal effect: Same as the Executive.</div>	<div>R.C. 5163.30</div> <div>Same as the Executive.</div> <div>Fiscal effect: Same as the Executive.</div>

Executive	As Passed By House	As Passed By Senate
MCDCD64 Medicaid personal needs allowance		
	R.C. 5163.33	
No provision.	<div>Increases the minimum Medicaid personal needs allowance from \$50 to \$75 for individuals and from \$100 to \$150 for married couples.</div> <div>Fiscal effect: Although the Executive did not change the minimum, it included appropriations to administratively increase the allowance for individuals to \$100 and for couples to \$200 beginning in 2026. The House decreases GRF ALI 651525, Medicaid Health Care Services, by \$5,475,000 (\$1,581,728 state share) in FY 2026 and \$21,900,000 (\$6,230,550 state share) in FY 2027.</div>	No provision.
MCDCD79 Nursing facility direct care costs and case-mix scores		
		R.C. 5165.19
No provision.	No provision.	<div>Provides for calculating a nursing facility's rate for direct care costs for the first half of FY 2026, by adding a multiplier to each facility's cost per case mix score, until ODM's next rebasing takes effect.</div> <div>Fiscal effect: Costs will depend on changes in nursing facility's direct care costs since last adjustment of direct care costs. Corresponding language in MCDCD36 states the implementation is intended to be budget neutral.</div>
MCDCD9 Case-mix score grouper methodology for nursing facilities		
R.C. 5165.192	R.C. 5165.192	R.C. 5165.192
When determining a case-mix value for a nursing facility, requires ODM to use the grouper methodology used on October 1, 2019, for the patient driven payment model nursing index, by the U.S. Department of Health and Human Services (HHS) for prospective payments of skilled nursing facilities under the Medicare program, instead of the grouper methodology used on June 30, 1999.	Same as the Executive.	Same as the Executive.

Executive	As Passed By House	As Passed By Senate
Eliminates ODM's authority to adopt rules concerning case-mix scores that do the following:	Same as the Executive.	Same as the Executive.
Adjust case-mix values to reflect changes in relative wage differentials that are specific to Ohio.	Same as the Executive.	Same as the Executive.
Express case-mix values in numeric terms that are different from the terms specified by HHS but do not alter the relationship of case-mix values to one another.	Same as the Executive.	Same as the Executive.
Modify the grouper methodology by either (1) establishing a different hierarchy for assigning residents to case-mix categories under the methodology or (2) allowing the use of the index maximizer element of the methodology.	Same as the Executive.	Same as the Executive.
Fiscal effect: Depending on the case-mix scores nursing facilities possess, may lead to cost increases for ODM if adhering to the new methodologies increases nursing facility reimbursements.	Fiscal effect: Same as the Executive.	Fiscal effect: Same as the Executive.
MCDCD10 Nursing facility quality incentive payment		
R.C. 5165.26	R.C. 5165.26	R.C. 5165.26
Eliminates provisions of law that specify that if a nursing facility undergoes a change of owner on July 1, 2023, or later, the facility is ineligible to receive a Medicaid quality incentive payment until the earlier of the Jan 1 or the July 1 that is at least six months after the effective date of the change of owner, if within one year after the change of owner, there is an increase in the lease payments or other financial obligations of the operator to the owner above the payments or obligations specified by the agreement between the previous owner and the operator.	Same as the Executive.	Same as the Executive.

Executive	As Passed By House	As Passed By Senate
<p>Specifies that if a nursing facility undergoes a change of operator with an effective date of July 1, 2025 (changed from July 1, 2023) or later, the facility is not eligible to receive a quality incentive payment until the earlier of Jan 1 or July 1 that is at least six months after the effective date of the change of operator.</p> <p>Fiscal effect: By removing a limitation that delayed payment for some owners, ODM might experience a cost increase in quality incentive payments to nursing facilities meeting the specified conditions.</p>	<p>Same as the Executive.</p> <p>Fiscal effect: Same as the Executive.</p>	<p>Same as the Executive.</p> <p>Fiscal effect: Same as the Executive.</p>
<p>MCDCD59 Nursing facility dialysis services rate add-on</p> <p>No provision.</p>	<p>Section: 333.263</p> <p>For FY 2026 and FY 2027, requires ODM to provide a rate add-on of \$110 per treatment for dialysis services provided in a nursing facility to an individual enrolled in the Medicaid program.</p> <p>Fiscal effect: Increases GRF ALI 651525, Medicaid Health Care Services, by \$700,000 (\$194,600 state share) in FY 2026 and \$1,400,000 (\$386,260 state share) in FY 2027.</p>	<p>Section: 333.263</p> <p>Same as the House.</p> <p>Fiscal effect: Same as the House.</p>
<p>MCDCD36 Gradual implementation of PDPM to calculate nursing facility direct care rates</p> <p>Section: 333.280</p> <p>Provides for a gradual implementation of the patient driven payment model (PDPM) for calculating nursing facility case mix scores.</p>	<p>Section: 333.280</p> <p>Same as the Executive.</p>	<p>Section: 333.280</p> <p>Same as the Executive.</p>

Executive	As Passed By House	As Passed By Senate
Specifies that the case mix score for the first half of FY 2026 is a facility's quarterly case mix score from July 1, 2025. Further specifies that the direct care rate will be adjusted by one third on January 1, 2026, and by two thirds at the beginning of FY 2027, before being determined by its case mix scores set in statute going forward.	Same as the Executive.	Replaces Executive provisions by making a facility's case mix score for the first half of FY 2026 either the score under the standard formula or the semi-annual score determined for the semi-annual period beginning on July 1, 2025.
Specifies that the direct care rate will be adjusted by one third on January 1, 2026, and by two thirds at the beginning of FY 2027, before being determined by its case mix scores set in statute going forward.	Same as the Executive.	Same as the Executive.
No provision.	No provision.	Requires ODM to submit a quarterly report outlining its progress on the transition to the PDPM for nursing facility case mix scores to the chairpersons and ranking members of the Medicaid committees in the House of Representatives and the Senate.
No provision.	No provision.	Clarifies that it is the intent of the gradual implementation of PDPM and the direct care rate changes to be budget neutral during the biennium.
Fiscal effect: As the implementation of the PDPM is made gradual, ODM will have cost increases or decreases gradually scaled in through the end of FY 2027.	Fiscal effect: Same as the Executive.	Fiscal effect: Same as the Executive.

Provider Payment Rates

Executive	As Passed By House	As Passed By Senate
MCDCD67 Medicaid reimbursement of rapid whole genome sequencing		
	R.C. 5164.093	R.C. 5164.093
No provision.	Requires the ODM Director to provide Medicaid reimbursement for rapid whole genome sequencing to infants under one year old with complex or acute unexplained illnesses.	Same as the House.
	Fiscal effect: Increases GRF ALI 651525, Medicaid Health Care Services, by \$300,000 (\$83,400 state share) in FY 2026 and by \$300,000 (\$82,770 state share) in FY 2027 to fund this coverage.	Fiscal effect: Same as the House.
MCDCD26 Medicaid payment rates for community behavioral health services		
Section: 333.170		
Permits ODM to establish Medicaid payment rates for community behavioral health services provided during FY 2026 and FY 2027 that exceed authorized rates paid for the services under the Medicare Program.	No provision.	No provision.
Specifies that this provision does not apply to community behavioral health services provided by hospitals, nursing facilities, and intermediate care facilities for individuals with intellectual disabilities.	No provision.	No provision.
Fiscal effect: Any impact will depend on whether ODM chooses to pay these amounts. If ODM chooses to pay higher amounts, this would lead to cost increases.		

Medicaid Providers

Executive	As Passed By House	As Passed By Senate
MCDCD66 Transfer agreements with freestanding birthing centers		
No provision.	<div><div>R.C. 3722.15</div><div>Requires a hospital with a maternity unit that accepts Medicaid to enter into a transfer agreement with any freestanding birthing center located within a 30 mile radius that requests one, and requires the freestanding birthing center to file a copy of the transfer agreement with the ODH Director.</div><div>Fiscal effect: Possible service cost increases due to increased access to medical care services.</div></div>	No provision.
MCDCD62 Doula services		
No provision.	<div><div>R.C. 5164.071</div><div>Limits Medicaid coverage of doula services to the six counties with the most infant deaths.</div><div>Fiscal effect: Possible service savings due to smaller pool of potential service recipients.</div></div>	No provision.
MCDCD8 340B grantees		
<div>R.C. 5167.01, 5167.123, 3902.70, and 4729.49</div> <div>Regarding the interaction between Medicaid MCOs, third-party administrators, and 340B covered entities, removes certain hospitals from the list of entities included as a 340B covered entity for purposes of these interactions and instead refers to these entities as 340B grantees.</div>	<div>No provision.</div>	<div>R.C. 5167.01, 5167.123, 3902.70, and 4729.49</div> <div>Same as the Executive, but also includes pharmacies under contract with a 340B grantee (including pharmacies under contract with qualifying FQHC's) as eligible to dispense drugs on behalf of the 340B grantee.</div>

Executive	As Passed By House	As Passed By Senate
Modifies a prohibition against a contract between a Medicaid MCO, third-party administrator, and 340B grantee to prohibit including a payment rate for a prescribed drug provided by a 340B grantee that is less than the payment rate for health care providers that are not 340B grantees (instead of a payment rate for a prescribed drug that is less than the national average drug acquisition cost for the drug or wholesale acquisition cost for the drug).	No provision.	Same as the Executive.
Requires a Medicaid MCO or third-party administrator to provide a payment rate for all prescribed drugs obtained through the federal 340B drug pricing program by providers that are not 340B grantees that is equal to the payment rate for those drugs under the Medicaid state plan.	No provision.	Same as the Executive.
Specifies that payments made under payment rates specified in a contract between Medicaid MCOs, third-party administrators, and a 340B grantee are subject to audit by ODM.	No provision.	Same as the Executive.
Fiscal effect: The program changes would be expected to increase drug rebate revenues received in FY 2027 by \$95,211,545. As a result, DPF appropriations are increased, and conditional on being expended on Medicaid services, will earn corresponding federal match. These DPF and federal appropriation increases correspond with GRF state and federal appropriation decreases.		Fiscal effect: Program changes which restore Executive provisions, with modifications, would be expected to increase drug rebate revenues received for a portion of FY 2026 by \$10,000,000 and for all of FY 2027 by \$88,070,679. As a result, DPF appropriations are increased in each fiscal year, and would be expected to earn corresponding federal match, increasing federal appropriations in each fiscal year. These DPF and federal appropriation increases correspond with GRF state and federal appropriation decreases in each fiscal year.

Special Programs

Executive	As Passed By House	As Passed By Senate
MCDCD60 Medicaid fraud restitution		
	R.C. 2913.401	R.C. 2913.401
No provision.	Permits a court to order restitution of 200% of the amount paid for Medicaid services provided for a person found guilty of Medicaid eligibility fraud.	Same as the House.
	Fiscal effect: Possible increased revenue for ODM.	Fiscal effect: Same as the House.
MCDCD11 Medicaid buy-in for workers with disabilities program premiums		
R.C. 5162.133, 5163.091, 5163.093, 5163.094, 5163.098	R.C. 5162.133, 5163.091, 5163.093, 5163.094, 5163.098	R.C. 5162.133, 5163.091, 5163.093, 5163.094, 5163.098
Eliminates the requirement that individuals whose income exceeds 150% FPL pay an annual premium as a condition of qualifying for the Medicaid buy-in for workers with disabilities program.	Same as the Executive.	Same as the Executive.
No provision.	When determining eligibility for the Medicaid buy-in for workers with disabilities program or the Ohio WorkAbility program, requires that \$20,000 of an individual's unearned income be disregarded.	No provision.
Fiscal effect: ODM will no longer realize revenues from the premiums that used to be paid by individuals with incomes sufficiently above the FPL.	Fiscal effect: Same as the Executive, and additionally ODM could experience an increase in individuals eligible for the program due to the unearned income disregard.	Fiscal effect: Same as the Executive.
MCDCD7 Requirements for certain Medicaid state directed payment programs		
R.C. 5162.25	R.C. 5162.25	R.C. 5162.25
Establishes conditions that must be satisfied upon the creation of a Medicaid state directed payment program that is funded in a manner other than by ODM or the hospital franchise fee program.	Same as the Executive.	Same as the Executive.
Requires a state directed payment program to comply with federal regulations for such programs.	Same as the Executive.	Same as the Executive.

Executive	As Passed By House	As Passed By Senate
Generally limits state directed payment programs that are not funded by ODM or the hospital franchise fee program to those established for hospital providers and services or professional services provided by hospitals, and to one state directed payment program per identified provider class, unless otherwise determined by the ODM Director.	Same as the Executive.	Same as the Executive.
Requires that any hospital provider contract related to a state directed payment program be executed not later than October 1 preceding the first fiscal year of a biennium.	Same as the Executive.	Same as the Executive, but additionally specifies that the October 1 requirement applies for any preprint effective for a rating period beginning on or after January 1, 2027.
Specifies that the ODM Director is not required to establish a state directed payment program if there is no available or sufficient federal or local funding to sustain the program.	Same as the Executive.	Same as the Executive, but also prohibits ODM from providing state funds for a state directed payment program, and specifically requires ODM to terminate or refuse to establish a state directed payment program if the federal government restricts or limits the availability of federal funds to support state directed payment programs or otherwise requires the state to utilize GRF as a condition of establishing a state directed payment program.
No provision.	Requires that any new directed payment program be approved by the Joint Medicaid Oversight Committee before it is established.	Replaces the House provision with one that prohibits the Medicaid Director from establishing more than 50 state directed payment programs during a fiscal biennium.
No provision.	No provision.	Requires each entity participating in a state directed payment program to enter into an agreement with ODM to specify that the agreement governing the program is contingent upon the OBM Director certifying there is a balance in the appropriation used to support state directed payment programs not already obligated to pay existing obligations.

Executive	As Passed By House	As Passed By Senate
No provision.	No provision.	Prohibits ODM from using more than 2% of funds received to support a state directed payment program (including federal funds) for the administration of state directed payment programs, and further prohibits ODM from using more than 2% of funds received to support a state directed payment program (including federal funds) for the administration of ODM and the Medicaid program.
Fiscal effect: The non-federal share of such a program will be funded by specific assessments rather than the GRF.	Fiscal effect: Same as the Executive.	Fiscal effect: Decreases each of GRF ALI 651425, Medicaid Program Support - State, and FED ALI 651624, Medicaid Program Support - Federal, by \$4,988,212 in FY 2026 and by \$12,000,000 in FY 2027.
MCDCD33 MyCare Ohio expansion Section: 333.250 Requires the ODM Director to continue, during FY 2026 and FY 2027, to expand the Integrated Care Delivery System (ICDS) (known as "MyCare Ohio"), or its successor program, to all Ohio counties. 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.	R.C. 5164.91, 5167.01, 5167.03, Section 333.250 Same as the Executive, but also specifically authorizes the ODM Director to establish an ICDS successor program if the Director terminates the ICDS. Same as the Executive.	R.C. 5164.91, 5167.01, 5167.03, Section 333.250 Same as the Executive. Same as the Executive.

Executive	As Passed By House	As Passed By Senate
No provision.	With respect to the ICDS or the ICDS successor program, requires the Director to allow participants the choice to enroll in Medicare coordination only dual special needs plans offered by entities that do not participate in the ICDS or the ICDS successor program, and requires the Director to approve Medicaid provider contracts to entities not selected to participate in either program and allow those entities to enroll dual eligible individuals and program participants.	No provision.
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.	Fiscal effect: Same as the Executive.	Fiscal effect: Same as the Executive.
MCD42 Medicaid waiver for reentry services		
	R.C. 5166.50	
No provision.	Requires ODM to establish a Medicaid waiver component to do both of the following:	No provision.
No provision.	(1) Provide mental health, behavioral health, and substance use disorder services to Medicaid-eligible inmates who are within 90 days of release.	No provision.
No provision.	(2) Provide a thirty-day supply of prescription medication at the time of release, including medication administered by injection.	No provision.
No provision.	Also establishes a timeline for the implementation of the waiver component.	No provision.
	Fiscal effect: ODM will likely incur both administrative and service expenses related to the new required services and coverages.	

Executive	As Passed By House	As Passed By Senate
MCD61 Medicaid audit of Medicaid MCOs		
No provision.	<div>R.C. 5167.25</div> <div>Requires ODM to conduct an annual financial audit of each Medicaid MCO and submit a report to the General Assembly and JMOC concerning these audits.</div> <div>Fiscal effect: ODM will incur annual administrative expenses to conduct the audits.</div>	No provision.
MCD50 Medicaid in schools program		
No provision.	<div>Section: 333.15</div> <div>Earmarks \$349,925 in each of GRF ALI 651425, Medicaid Program Support - State, and FED Fund 3F00 ALI 651624, Medicaid Program Support - Federal, in FY 2026 and \$358,362 in each of the same line items in FY 2027 to be used by ODM to support the Medicaid in Schools Program.</div> <div>Fiscal effect: The program is to be moved from DEW to MCD (see EDUCD65). ALIs 651425 and 651624 are increased by the earmarked amounts in each fiscal year, and FED ALI 651655, is decreased by \$349,925 in FY 2026 and \$358,362 in FY 2027 to accommodate this move.</div>	<div>Section: 333.15</div> <div>Same as the House.</div> <div>Fiscal effect: Same as the House.</div>
MCD69 State directed payment program for Bon Secours Mercy Health		
No provision.	<div>Section: 333.86</div> <div>Earmarks \$16,000,000 in FY 2026 and \$32,000,000 in FY 2027 of Fund 5AN0 ALI 651686, State Directed Payment Program, as well as \$41,100,000 in FY 2026 and \$82,300,000 in FY 2027 of Fund 3F00 ALI 651623, Medicaid Services - Federal, for supporting a state directed payment program for Bon Secours Mercy Health health system locations in Ohio.</div>	No provision.

Executive	As Passed By House	As Passed By Senate
MCDCD21 Health Insuring Corporation Class Franchise Fee		
Section: 333.120 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 ALI identified by the ODM Director if additional amounts are authorized. Appropriates any authorized amounts and corresponding federal adjustments.	Section: 333.120 Same as the Executive.	Section: 333.120 Same as the Executive.
MCDCD22 Hospital Care Assurance Match		
Section: 333.130 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.	Section: 333.130 Same as the Executive.	Section: 333.130 Same as the Executive.
Requires that DPF 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.
MCDCD23 Hospital Additional Payments Program		
Section: 333.140 Establishes the Hospital Additional Payments Program for inpatient and outpatient hospital services provided to enrollees in the Medicaid care management system at in-state hospitals.	Section: 333.140 Same as the Executive.	Section: 333.140 Same as the Executive.

Executive	As Passed By House	As Passed By Senate
Permits the non-federal share of services under this program to be funded through the Hospital Franchise Fee, and requires fees for this program to be deposited into the Medicaid Hospital Fund (Fund 5GF0).	Same as the Executive.	Same as the Executive.
Requires that the state share of this program come from deposits attributable to the incremental franchise fee increase for the program, and requires that the corresponding federal share in FED Fund 3F00 ALI 651623, Medicaid Services - Federal, be used for the Hospital Additional Payments Program.	Same as the Executive.	Same as the Executive.
Fiscal effect: The program is designed to generate the non-federal share from the incremental increase to the Hospital Franchise Fee, so there are not anticipated new costs to the GRF.	Fiscal effect: Same as the Executive.	Fiscal effect: Same as the Executive.
MCD35 HCBS direct care worker wages		
Section: 333.270	Section: 333.270	Section: 333.270
Requires ODM, jointly with ODA and DODD, to collect data from providers regarding the wages paid to direct care workers under the Medicaid home and community-based waiver components administered by each agency. Requires ODM to compile and submit to the Governor an annual report on this data.	Same as the Executive.	Same as the Executive, but additionally requires that the report be submitted to (1) the President and Minority Leader of the Senate, (2) the Speaker and Minority Leader of the House, and (3) the chairpersons of the Medicaid committees in both the House and Senate.
Fiscal effect: The departments will likely incur administrative costs to collect, compile, and submit the data and report.	Fiscal effect: Same as the Executive.	Fiscal effect: Same as the Executive.
MCD37 Rural (Southern) Ohio Hospital Tax Pilot Program and Assessments		
Section: 333.290, 333.300	Section: 333.290, 333.300	Section: 333.290, 333.300
Permits the ODM Director to establish the Rural Southern Ohio Hospital Tax Pilot Program for directed payments to rural southern Ohio hospitals.	Same as the Executive.	Replaces the Executive provision with one that changes the program name to the Rural Ohio Hospital Tax Pilot Program, and targets the program to rural Ohio hospitals.

Executive	As Passed By House	As Passed By Senate
Establishes requirements that a hospital must satisfy in order to participate in the pilot program.	Same as the Executive.	Replaces the Executive provision with one which permits any rural hospital or critical access hospital enrolled in the Medicaid program to participate in the program.
Specifies that hospitals located in Fayette, Greene, Highland, Hocking, Muskingum, Perry, Pike, Ross, and Scioto Counties may participate in the program.	Same as the Executive.	Same as the Executive, but clarifies hospitals in these counties qualify as rural hospitals under the program and adds Washington County to the list.
Permits counties in which the pilot program is to operate to establish a local hospital assessment to provide the nonfederal share of Medicaid payments made under the pilot program.	Same as the Executive.	Same as the Executive.
Permits counties in which the pilot program is to operate that have two or fewer hospitals to establish a multi-county funding district for the purposes of this program.	Same as the Executive.	Same as the Executive, but specifies that a county must have two or fewer rural hospitals to be eligible to establish a multi-county district.
Fiscal effect: The non-federal share of the program will be funded by assessments on local hospitals, so would not affect the GRF.	Fiscal effect: Same as the Executive.	Fiscal effect: Same as the Executive.
MCD43 Medicaid Workforce development study		
	Section: 751.20	
No provision.	Requires ODM to conduct a comprehensive study on the feasibility, legality, and potential cost savings of establishing a Medicaid waiver component that establishes work requirements for Medicaid recipients and includes additional supplemental workforce development requirements.	No provision.
No provision.	Requires the ODM Director, by September 1, 2026, to prepare and submit a report to the Governor, House Speaker, Senate President, and chairpersons of the House and Senate finance committees detailing ODM's findings and any policy recommendations.	No provision.
	Fiscal effect: Possible administrative costs.	

General

Executive	As Passed By House	As Passed By Senate
MCD57 JMOC projected medical inflation rate		
	R.C. 103.414	
No provision.	Requires the ODM Director to enter into a data sharing agreement between JMOC's Executive Director, JMOC's actuary, and ODM, and additionally make ODM staff and actuaries readily available to JMOC and the JMOC actuary to assist in the determination of the projected medical inflation rate for a fiscal biennium.	No provision.
No provision.	Requires the ODM Director to provide any information requested by JMOC, JMOC's Executive Director, or the actuary in a timely manner and in accordance with any deadlines established by JMOC, in the same role as an auditee when being audited by the Auditor of State.	No provision.
No provision.	Prohibits the ODM Director, an employee of ODM, and any entity under contract with ODM from hindering, obstructing, or interfering with JMOC, JMOC's Executive Director, or the actuary in determining the projected medical inflation rate. Fiscal effect: Possible administrative costs.	No provision.
MCD56 ODM file sharing with JMOC actuary		
	R.C. 103.417, 103.41	
No provision.	Requires ODM, beginning on October 1, 2025, and every six months thereafter, to share specified information files from the six-month period immediately preceding the date of submission with the JMOC contracted actuary. Fiscal effect: Possible administrative costs.	No provision.
MCD52 Medicaid separate GRF appropriation items		
	R.C. 126.024	R.C. 126.024
No provision.	Requires the OBM Director, in consultation with the ODM Director, to request and propose multiple Medicaid Health Care Services GRF ALIs in subsequent state budgets.	Same as the House.

Executive	As Passed By House	As Passed By Senate
No provision.	<div>Specifies that, at a minimum, a separate GRF ALI be proposed for each of the following Medicaid services: (1) services provided under the care management system; (2) nursing facility services; (3) hospital services; (4) behavioral health services; (5) services provided under Medicaid waiver components administered by DOA; (6) prescription drug services; (7) physician services; (8) services provided under the Ohio home care waiver program; and (9) any other Medicaid health care services that the directors determine should have its own GRF ALI.</div> <div>Fiscal effect: Possible administrative costs.</div>	<div>Same as the House, and additionally adds (10) services provided under Medicaid waiver components administered by the Department of Developmental Disabilities; and (11) services provided under the Medicaid OhioRISE waiver, to the list of services that should receive separate ALIs.</div> <div>Fiscal effect: Possible administrative costs.</div>
<div>MCDCD39 Hospital Care Assurance Program and franchise permit fee</div> <div>R.C. 610.10</div> <div>Eliminates the sunset of the Hospital Care Assurance Program and franchise permit fee, which were set to sunset on October 1, 2025.</div> <div>Fiscal effect: The programs not sunsetting will maintain current Hospital Care Assurance Program and franchise permit fee activities, and continue their associated costs and revenues in the future.</div>	<div>R.C. 610.10</div> <div>Same as the Executive.</div> <div>Fiscal effect: Same as the Executive.</div>	<div>R.C. 610.10</div> <div>Same as the Executive.</div> <div>Fiscal effect: Same as the Executive.</div>
<div>MCDCD77 340B reporting requirements - nonprofit hospitals</div> <div>No provision.</div>	<div>No provision.</div>	<div>R.C. 3701.88</div> <div>Imposes reporting requirements on nonprofit hospitals participating in the federal 340B Drug Pricing Program.</div> <div>Fiscal effect: Possible administrative costs.</div>
<div>MCDCD70 Assisting end-stage renal disease patients</div> <div>No provision.</div>	<div>No provision.</div>	<div>R.C. 5160.25</div> <div>Requires ODM to do all of the following with regard to individuals with end-stage renal disease:</div>

Executive	As Passed By House	As Passed By Senate
No provision.	No provision.	(1) Evaluate Medicare application requirements and review state policies and procedures related to patients who are 65 years of age or younger that have end-stage renal disease.
No provision.	No provision.	(2) Review and identify whether there exist Medicare eligibility gaps for such individuals.
No provision.	No provision.	(3) Take steps to address any identified eligibility gaps to improve patient access to Medicare benefits.
No provision.	No provision.	(4) Develop a process to assist those individuals to apply for Medicare benefits.
No provision.	No provision.	Requires ODM to, no later than September 1, 2026, submit a report to the General Assembly detailing its findings, including whether it is feasible to assist patients with end-stage renal disease apply for Medicare. Fiscal effect: Possible administrative costs, and potential service savings if any care burden is shifted to Medicare.
MCDCD4 Right of recovery for cost of medical assistance		
R.C. 5160.37	R.C. 5160.37	R.C. 5160.37
Permits an individual who was a recipient of medical assistance and repaid money to ODM or a CDJFS pursuant to a right of recovery between April 6, 2007, and September 28, 2007, to request a hearing regarding those payments within 180 days.	Same as the Executive.	Same as the Executive.
Authorizes any of the following to request a hearing: (1) a medical assistance recipient; (2) a medical assistance recipient's authorized representative; (3) the executor or administrator of a medical assistance recipient's estate authorized to make or pursue a request; (4) a court-appointed guardian; and (5) an attorney who has been directly retained by the medical assistance recipient, or the recipient's parent, legal guardian, or court-appointed guardian.	Same as the Executive.	Same as the Executive.

Executive	As Passed By House	As Passed By Senate
Fiscal effect: ODM will incur administrative costs related to participating in any requested hearings.	Fiscal effect: Same as the Executive.	Fiscal effect: Same as the Executive.
MCD44 Residential facilities	R.C. 5160.53	
No provision.	Requires ODM to publish a directory of all residential facilities licensed by DBH on ODM's web site. Fiscal effect: Minimal administrative costs.	No provision (See MHACD39).
MCD72 Legislative notice of Medicaid amendments and waivers		R.C. 5162.08, 5166.03
No provision.	No provision.	Requires ODM to provide notice to JMOC and the House and Senate Medicaid committees before seeking an amendment to the Medicaid state plan or a Medicaid waiver that would (1) expand Medicaid coverage to any additional individuals or class of individuals or (2) increase any net costs to the state.
No provision.	No provision.	Requires ODM to provide the above-mentioned committees with updates regarding the status of any amendment or waiver, and to seek input from the committees to design any amendment or waiver.
No provision.	No provision.	When submitting an 1115 Medicaid waiver under continuing law, requires the ODM Director to confirm to the Speaker of the House and Senate President that the above requirements have been satisfied. Fiscal effect: Possible administrative costs.
MCD71 Medicaid reports regarding fraud, waste, and abuse		R.C. 5162.132, 5101.98
No provision.	No provision.	Modifies existing reporting by ODM on fraud, waste, and abuse within the Medicaid program by doing the following:

Executive	As Passed By House	As Passed By Senate
No provision.	No provision.	(1) Requiring ODM to include data concerning improper payments and expenditures in the Medicaid program related to fraud, waste, and abuse for the most recently concluded state fiscal year.
No provision.	No provision.	(2) Requiring ODM (rather than JFS) to report payment errors and confirmed cases of intentional program violations within the Medicaid program.
No provision.	No provision.	(3) Requiring that the report be submitted to JMOC and the chairs and ranking members of the House and Senate committees with jurisdiction over Medicaid and published on ODM's website.
No provision.	No provision.	(4) Removing a requirement that copies of ODM's existing report on its efforts to minimize fraud, waste, and abuse be made available to the public on request.
Fiscal effect: Possible administrative costs.		
MCD49 ODM quarterly Medicaid statement of expenditures form		
	R.C. 5162.14	
No provision.	Requires the ODM Director to immediately provide notice to (1) the House Speaker and Senate President, (2) the JMOC Executive Director, and (3) the relevant chairpersons of the relevant standing committees in both the House and Senate if CMS takes certain actions related to the Quarterly Medicaid Statement of Expenditures Form (CMS-64 Form) submitted by ODM, including if CMS determines the form has a variance of 8% or more.	No provision.
Fiscal effect: Possible administrative costs.		

Executive	As Passed By House	As Passed By Senate
MCDCD55 Medicaid administrative reporting to JMOC		
No provision.	<div>R.C. 5162.17 Requires ODM to submit a report to JMOC and the JMOC Executive Director on September 1 of each year that provides specified details about state agencies' budgeted, actual, and forecasted number of full-time equivalent employees and related expenditures. Fiscal effect: Possible administrative costs.</div>	No provision.
MCDCD2 Medicaid coverage of aged, blind, and disabled individuals		
<div>R.C. 5163.03, 5163.05 (repealed) Eliminates an outdated provision of law that specifies (1) that the Medicaid program's eligibility requirements for individuals in the aged, blind, and disabled population group may be more restrictive than the eligibility requirements for the Supplemental Security Income Program and (2) that any more restrictive eligibility requirements must be consistent with the 209(b) option provided for under federal law. Fiscal effect: None - the eliminated provision has not been in effect since 2016.</div>	<div>R.C. 5163.03, 5163.05 (repealed) Same as the Executive. Fiscal effect: Same as the Executive.</div>	<div>R.C. 5163.03, 5163.05 (repealed) Same as the Executive. Fiscal effect: Same as the Executive.</div>
MCDCD74 Presumptive eligibility error rate quarterly report		
No provision.	No provision.	<div>R.C. 5163.104 Requires ODM to submit a quarterly report to the General Assembly detailing the presumptive eligibility error rate for the previous quarter. Fiscal effect: Possible administrative costs.</div>

Executive	As Passed By House	As Passed By Senate
MCD3CD3 Exemption from adjudication		
R.C. 5164.38	R.C. 5164.38	
Exempts ODM from being required to conduct an adjudication in accordance with the Administrative Procedure Act, and subjects providers to existing reconsideration procedures instead, under the following circumstances:	Same as the Executive.	No provision.
(1) When a Medicaid provider agreement requires the provider to hold a license, permit, or certificate and it is inactive by any means or has been surrendered, withdrawn, retired, or otherwise restricted.	Same as the Executive.	No provision.
(2) When a provider's application for a provider agreement is denied or the provider agreement is terminated or not revalidated because a license, permit, or certificate is inactive by any means.	Same as the Executive.	No provision.
Fiscal effect: Potential decreases in administrative costs, due to the exemption from conducting adjudications.	Fiscal effect: Same as the Executive.	
MCD3CD48 Electronic visit verification system		
	R.C. 5164.451	
No provision.	Establishes duties on, and grants authority to, ODM, DODD, Medicaid managed care organizations (MCOs), and other entities in the event the ODM Director establishes an electronic visit verification (EVV) system in rule, including the following:	No provision.
No provision.	(1) Requires ODM and DODD to provide education and technical assistance to Medicaid providers to aid them in complying with the EVV system.	No provision.
No provision.	(2) Requires ODM, DODD, a Medicaid MCO, or other authorized entity to notify a Medicaid provider that a claim is not supported by information in the EVV system and offer the provider opportunity to review and correct the claim in the system.	No provision.

Executive	As Passed By House	As Passed By Senate
No provision.	(3) Prohibits ODM, DODD, a Medicaid MCO, or other entity from denying a claim that is not supported by information in the EVV system.	No provision.
No provision.	(4) Authorizes ODM, DODD, a Medicaid MCO, or other authorized entity to conduct a post-payment audit or review to consider information in the EVV system as part of its audit or review protocol, but prohibits an audit or review based solely on information in the EVV system.	No provision.
No provision.	(5) Prohibits the EVV system from exceeding minimum requirements specified in federal law. Fiscal effect: Possible administrative costs to comply with the provisions, and possible service savings if the EVV is implemented and leads to increased recoveries in accordance with these changes.	No provision.
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MCD6 ICDS successor program in the care management system		
R.C. 5167.01, 5167.03	R.C. 5167.01, 5167.03	R.C. 5167.01, 5167.03
Permits ODM to include a Fully Integrated Dual Eligible Special Needs Plan established in accordance with federal law as a replacement for the Integrated Care Delivery System in the Medicaid care management system.	Same as the Executive.	Same as the Executive.
Fiscal effect: Minimal costs expected, due to the permissive nature of the replacement program.	Fiscal effect: Same as the Executive.	Fiscal effect: Same as the Executive.
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MCD53 Automatic enrollment in Medicaid MCO plan		
	R.C. 5167.03	
No provision.	Permits individuals participating in the Medicaid program to enroll in the Medicaid MCO plan of their choosing.	No provision.
No provision.	If an individual does not select a Medicaid MCO plan in which to enroll, requires ODM to randomly assign the individual to a Medicaid MCO plan without giving preference to a specific MCO plan or group of plans.	No provision.

Executive	As Passed By House	As Passed By Senate
No provision.	Requires ODM to notify the General Assembly, the JMOC Executive Director, and the Auditor of State within 30 days if it determines that it can not satisfy the above requirements, and include an explanation as to why the requirements cannot be satisfied. Fiscal effect: Minimal.	No provision.
MCDCD78 Medicaid managed care financial dashboard		
No provision.	No provision.	R.C. 5167.09 Requires ODM to include both of the following on its managed care financial dashboard: (1) actuarial metrics for annual and quarterly cost reports for specified Medicaid eligibility populations, and (2) quarterly and annual composite per member per month category of service reports for specified services for each Medicaid MCO. Fiscal effect: Possible administrative costs.
MCDCD46 Medicaid MCO data cross checks		
No provision.	R.C. 5167.104 Under the terms of a contract entered into between ODM and a Medicaid MCO, requires the MCO to conduct internal cross checks of its data systems for specified information related to Medicaid enrollees assigned to the MCO.	R.C. 5167.104, Section 751.120 No provision.
No provision.	No provision. Fiscal effect: Possible administrative costs.	Requires ODM to conduct a request for information to establish the feasibility of requiring Medicaid MCOs to conduct internal data cross checks. Fiscal effect: Possible administrative costs.
MCDCD5 Appeal of hospital assessment or audit		
R.C. 5168.08, 5168.11, 5168.22 Specifies that a final reconciliation of an annual hospital assessment constitutes an interim final order.	R.C. 5168.08, 5168.11, 5168.22 Same as the Executive.	R.C. 5168.08, 5168.11, 5168.22 Same as the Executive.

Executive	As Passed By House	As Passed By Senate
Specifies that a hospital requesting reconsideration of a preliminary determination of its assessment may submit its written materials to ODM by regular mail, email, or in-person delivery.	Same as the Executive.	Same as the Executive.
Eliminates law requiring ODM to hold a public hearing if one or more hospitals request a reconsideration of the preliminary determination of their assessments.	Same as the Executive.	Same as the Executive.
When a hospital appeals a final determination of its annual assessment, specifies that the complete record of the proceedings includes all documentation considered by ODM in issuing the final determination.	Same as the Executive.	Same as the Executive.
Eliminates the ability of a hospital to appeal to ODM the results of an audit conducted by ODM that determines the hospital overpaid or underpaid and instead specifies that seeking a declaratory judgment is the exclusive remedy available to a hospital.	Same as the Executive.	Same as the Executive.
If a hospital seeks a declaratory judgment, requires it to deposit any funds that are not in dispute into the Hospital Care Assurance Program Fund while judicial proceedings are pending.	Same as the Executive.	Same as the Executive.
Fiscal effect: Administrative costs to comply with the new provisions.	Fiscal effect: Same as the Executive.	Fiscal effect: Same as the Executive.
MCDCD29 Public assistance for eligibility determinations		
Section: 333.200		Section: 333.200
Permits up to \$5,000,000 in each fiscal year from GRF ALI 655522, Medicaid Program Support - Local, in ODJFS, to be distributed based on performance criteria established by ODM. Allows performance-based amounts and transfer approval criteria to include application and renewal timeliness and accuracy.	No provision.	Same as the Executive.

Executive	As Passed By House	As Passed By Senate
MCDCD51 Re-establish prior authorization under Medicaid		
No provision.	<div>Section: 751.60</div> <div>Requires ODM to resume the prior authorization requirements for drugs, tests and diagnostic procedures, and medical procedures under the Medicaid program that were in effect at the end of FY 2024.</div> <div>Fiscal effect: ODM may experience administrative costs to resume the requirements, and may experience service savings if fewer drugs, tests, and procedures are approved as a result of the requirements.</div>	No provision.
MCDCD63 Private insurance outreach program		
No provision.	<div>Section: 751.80</div> <div>During FY 2027, requires ODM to establish an outreach program to assist Medicaid recipients to obtain private insurance.</div> <div>Fiscal effect: Possible administrative costs.</div>	<div>Section: 751.80</div> <div>Same as the House.</div> <div>Fiscal effect: Same as the House.</div>
MCDCD75 Monitoring of federal Medicaid changes		
No provision.	No provision.	<div>Section: 751.111</div> <div>Requires ODM to monitor and track legislative enactments from the 119th Congress, including any federal policy changes related to the Medicaid program.</div>
No provision.	No provision.	<div>If ODM identifies federal legislative or policy changes, requires ODM to conduct a feasibility study regarding implementation of those changes.</div>
No provision.	No provision.	<div>Requires ODM to prepare and submit a report to JMOC related to its findings and recommendations that result from any feasibility study conducted.</div>

Appropriation Language

Executive	As Passed By House	As Passed By Senate
MCDCD45 Diversity equity and inclusion		
No provision.	Section: 333.12 To the extent permitted by federal law, prohibits Medicaid funds from being used for diversity, equity, and inclusion initiatives.	Section: 333.12 Same as the House.
No provision.	Excludes funds used to provide access to the community for Medicaid recipients with intellectual and developmental disabilities from this prohibition.	Same as the House.
MCDCD68 Social gender transition		
No provision.	Section: 333.13 To the extent permitted by federal law, prohibits the distribution of Medicaid funds to provide mental health services that promote or affirm social gender transition.	Section: 333.13 Same as the House.
MCDCD12 Lodging for families		
Section: 333.30 Earmarks \$2,500,000 in each fiscal year from GRF ALI 651525, Medicaid Health Care Services, to continue lodging as an administrative service affiliated with Ohio children's hospitals available for families with children who have special health care needs.	Section: 333.30 Same as the Executive.	Section: 333.30 Same as the Executive.
MCDCD13 Personal needs allowance support		
Section: 333.40 Permits the OBM Director, upon the request of the ODM Director, to transfer up to \$2,200,000 in FY 2026 and \$4,400,000 in FY 2027 from GRF ALI 651525, Medicaid Health Care Services, to appropriation items in DODD, for individuals living in ICFs/IIDs.	Section: 333.40 Same as the Executive.	Section: 333.40 Same as the Executive.

Executive	As Passed By House	As Passed By Senate
MCDCD14 Medicare Part D		
Section: 333.50 Permits GRF ALI 651526, Medicare Part D, to be used by ODM for the implementation and operation of the Medicare Part D requirements contained in the Medicare Prescription Drug, Improvement, and Modernization Act of 2003. Permits, upon the request of the ODM Director, the OBM Director to transfer the state share of appropriations between GRF ALI 651525, Medicaid Health Care Services, and GRF ALI 651526, Medicare Part D. Requires the OBM Director to adjust the federal share of ALI 651525 if said state share is adjusted, and requires ODM to notify the Controlling Board of any transfers of this type made.	Section: 333.50 Same as the Executive. Same as the Executive.	Section: 333.50 Same as the Executive. Same as the Executive.
MCDCD15 Work Community Engagement Program - county costs		
Section: 333.70 Permits the OBM Director, upon request of the ODM Director, to transfer state share appropriations in each fiscal year between GRF ALI 651525, Medicaid Health Care Services, used by ODM, and GRF ALI 655522, Medicaid Program Support - Local, used by ODJFS. Requires federal shares to be adjusted accordingly if such a transfer occurs. Requires any increase to be provided to CDJFSs to be used only for costs related to transitioning to a new work and community engagement program under the Medicaid program. Prohibits funds from being used for existing and ongoing operating expenses. Requires the ODM Director to establish criteria for distributing these funds and for CDJFSs to submit allowable expenses.	Section: 333.70 Same as the Executive. Same as the Executive. Same as the Executive.	Section: 333.70 Same as the Executive. Same as the Executive. Same as the Executive.

Executive	As Passed By House	As Passed By Senate
MCD16 Deposits to the Health Care/Medicaid Support and Recoveries fund for program support		
Section: 333.80	Section: 333.80	Section: 333.80
Requires the ODM Director to deposit some portion of payments received for directed payment programs to the Health Care/Medicaid Support and Recoveries Fund (Fund 5DL0). Requires the OBM Director to adjust Fund 5DL0 ALI 651685, Medicaid Recoveries – Program Support, along with the corresponding federal share in Fund 3F00 ALI 651624, Medicaid Program Support – Federal, to align with these deposits made to Fund 5DL0, and appropriates any such adjustments.	Same as the Executive.	Same as the Executive.
MCD17 Deposits to the State Directed Payment Program Fund		
Section: 333.85	Section: 333.85	Section: 333.85
Requires transfers made for the Hospital Directed Payment Program to be deposited into the State Directed Payment Program Fund (Fund 5AN0).	Same as the Executive.	Same as the Executive.
Provides that the state share of the program comes from these transfers, and that the federal share comes from Fund 3F00 ALI 651623, Medicaid Services - Federal.	Same as the Executive.	Same as the Executive.
Permits the OBM Director to transfer any cash remaining in the Health Care/Medicaid Support and Recoveries Fund (Fund 5DL0) at the end of FY 2025 attributable to the Hospital Directed Payment Program to Fund 5AN0 to be used for the Hospital Directed Payment Program.	Same as the Executive.	Same as the Executive.
If receipts credited to Fund 5AN0 exceed the amounts appropriated from the fund, permits the ODM Director to seek Controlling Board approval for excess expenditures, and both directs the OBM Director to adjust the federal appropriations in Fund 3F00 ALI 651623, Medicaid Services - Federal, and appropriates any approved amounts and associated adjustments.	Same as the Executive.	No provision.

Executive	As Passed By House	As Passed By Senate
For the provision above, notwithstanding existing law capping Controlling Board releases of amounts greater than one-half of one per cent of the GRF appropriations for a given fiscal year.	No provision.	No provision.
Requires the ODM Director to terminate the Hospital Directed Payment Program if funds available are insufficient to operate the program.	Same as the Executive.	Same as the Executive.
No provision.	No provision.	Permits the ODM Director to certify to the OBM Director additional amounts needed to support any authorized State Directed Payment Programs, and directs the OBM Director to increase DPF ALI 651686, State Directed Payment Program, and caps the appropriation increase to \$300,000,000 in FY 2026 and \$850,000,000 in FY 2027. Authorizes the OBM Director to adjust the corresponding federal share in FED ALI 651623, Medicaid Services - Federal, and appropriates any adjusted amounts.
MCDLCD18 Deposits to the Health Care/Medicaid Support and Recoveries Fund		
Section: 333.90		Section: 333.90
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 HCAP.	No provision.	Same as the Executive.
MCDLCD19 Cash transfers from the Health Care/Medicaid Support and Recoveries Fund to the Behavioral Healthcare Fund		
Section: 333.100	Section: 333.100	Section: 333.100
Permits the OBM Director, upon request of the ODM Director, to transfer up to \$3,200,000 cash in each fiscal year from the Health Care/Medicaid Support and Recoveries Fund (Fund 5DL0) to the Behavioral Healthcare Fund (Fund 5AU0).	Same as the Executive, but changes the transfer amount to up to \$2,200,000 cash in each fiscal year.	Same as the House.

Executive	As Passed By House	As Passed By Senate
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.
MCD20 Hospital Franchise Fee program		
Section: 333.110	Section: 333.110	Section: 333.110
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.	Same as the Executive.	Same as the Executive.
MCD24 Refunds and Reconciliation Fund		
Section: 333.150	Section: 333.150	Section: 333.150
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.	Same as the Executive.	Same as the Executive.

Executive	As Passed By House	As Passed By Senate
MCDCD25 Non-emergency medical transportation		
Section: 333.160 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 ALI 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.	Section: 333.160 Same as the Executive.	Section: 333.160 Same as the Executive.
MCDCD27 Home and community based services appropriations - state		
Section: 333.180 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, 659698, BOR Home and Community Based Services, and 656698, AGE Home and Community Based Services, conditional on the additional expenditures being offset by equal expenditure reductions in another of these identified ALIs. Stipulates that any additional expenditures be used in accordance with federal rules and comply with ODM's Medicaid state plan approved by the federal government. Appropriates any additional expenditures.	No provision.	No provision.
	No provision.	No provision.

Executive	As Passed By House	As Passed By Senate
MCDCD28 Home and community based services appropriations - federal		
Section: 333.190		
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 659699, BOR 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.	No provision.	No provision.
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.	No provision.	No provision.
MCDCD30 Cash transfers from Franchise Permit Fee Fund to the Department of Health and the Department of Aging		
Section: 333.210	Section: 333.210	Section: 333.210
Permits the OBM Director, upon the request of the ODM Director, to transfer cash in each fiscal year from the Nursing Home Franchise Fee Fund (Fund 5R20) to the following funds:	Same as the Executive, but makes the following change:	Same as the House.
\$5,000,000 to the Quality, Monitoring, and Inspection Fund (Fund 5B50) used by ODH;	Same as the Executive.	Same as the Executive.
\$11,885,000 to the Ombudsman Support Fund (Fund 5BA0) used by ODA.	Same as the Executive, but changes the permitted transfer amount to \$9,300,000.	Same as the House.
Requires DOH and ODA to each submit a report at the end of each fiscal year on spending activities to OBM.	Same as the Executive.	Same as the Executive.

Executive	As Passed By House	As Passed By Senate
MCDCD31 Medicaid interagency pass through Section: 333.230 Permits the ODM Director to request the OBM Director to increase ALI 651655, Medicaid Interagency Pass-Through. Appropriates any approved amounts.	Section: 333.230 Same as the Executive.	Section: 333.230 Same as the Executive.
MCDCD32 Medicaid services recoveries Section: 333.240 Permits the ODM Director to request the OBM Director to increase ALI 651639, Medicaid Services Recoveries. Appropriates any approved amounts.	Section: 333.240 Same as the Executive.	Section: 333.240 Same as the Executive.
MCDCD34 Increasing children's access to vision and dental services Section: 333.260 Permits the OBM Director, upon the request of the ODM Director, to transfer up to \$7,000,000 appropriation in each fiscal year from appropriation item 651525, Medicaid Health Care Services, to appropriation items in the DOH. Requires this appropriation be used to support public health programs or the provision of certain services, including preventive care and other interventions, to improve the health of low-income children. Earmarks up to \$5,000,000 in each fiscal year to increase children's access to vision care and up to \$2,000,000 in each fiscal year to increase children's access to dental care. Permits ODM to transfer federal reimbursement for these expenditures and appropriates the transferred amounts.	Section: 333.260 Same as the Executive, but caps the maximum transfer amount at \$4,660,000 in FY 2026 and \$4,295,000 in FY 2027. Same as the Executive. Same as the Executive, but reduce the vision earmark to \$2,660,000 in FY 2026 and \$2,295,000 in FY 2027. Same as the Executive.	Section: 333.260 Same as the House. Same as the Executive. Same as the House. Same as the Executive.

Executive	As Passed By House	As Passed By Senate
MHACD34 Data-sharing agreements for ADAMHS boards, DBH, and ODM		
	R.C. 340.038, 5160.45	
No provision.	Requires DBH and ODM, in collaboration with ADAMHS boards, to develop a three-way data-sharing agreement whereby the agencies and boards can exchange claims-level client data and other information to ensure that each ADAMHS board's continuum of care is appropriately available. Fiscal effect: Increase in administrative costs to develop the agreement, as well as ongoing IT costs.	No provision.
MHACD39 Residential facilities		
		R.C. 5119.345
No provision.	No provision.	Requires DBH to publish on its website a directory of all residential facilities licensed by DBH (see MCD44). Fiscal effect: Minimal administrative costs.

Executive	As Passed By House	As Passed By Senate
OBMCD32 Federal medical assistance percentage for expansion eligibility group		
R.C. 126.70 Requires ODM to immediately terminate medical assistance for members of the Medicaid expansion eligibility group (Group VIII) if the federal government sets the federal medical assistance percentage below 90%. No provision. No provision. Fiscal effect: Group VIII's projected caseload is 779,000 in FY 2026 and 772,000 in FY 2027, with expenditures of \$6.66 billion and \$6.93 billion, respectively. The federal and state shares are 90% and 10%, respectively.	R.C. 126.70, 5163.04, Section 513.10 Same as the Executive, but also requires ODM to certify, not later than 15 business days following the change to the FMAP, to (1) the OBM Director, (2) JMOC, (3) the Senate President, and (4) the House Speaker, the state and federal shares of the total actual expenditure for Group VIII for the most recently completed month before the change. Specifies that the certified state share monthly amount is to be multiplied by the number of months remaining in the fiscal biennium to derive the total calculated amount that is to remain in the GRF. Requires that at the conclusion of each fiscal year in the biennium, the calculated total state share amount be transferred to the Budget Stabilization Fund or the Expanded Sales Tax Holiday Fund pursuant to R.C. 131.44. Fiscal effect: Same as the Executive.	R.C. 126.70, 5163.04, Section 513.10 Same as the House. Same as the House. Same as the House. Fiscal effect: Same as the Executive.

Executive	As Passed By House	As Passed By Senate
KIDCD56 Multi-system youth		R.C. 5101.91
No provision.	No provision.	Requires ODJFS, DCY, DBH, DYS, ODM, and DDD to do the following:
(1) No provision.	(1) No provision.	(1) Collaborate to identify and take appropriate action to meet the needs of multi-system youth.
(2) No provision.	(2) No provision.	(2) Jointly submit a report to the General Assembly with data and policy recommendations on serving multi-system youth.
		Fiscal effect: Minimal administrative costs.

Executive	As Passed By House	As Passed By Senate
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JFSCD43 ODJFS quarterly SNAP reporting

No provision.	No provision.	R.C. 5101.98 Regarding quarterly reports that ODJFS must submit to the General Assembly regarding SNAP under current law, requires ODJFS to include the following additional information: (1) The number of SNAP accounts with whole dollar transactions; (2) The number of electronic benefit transfer (EBT) cards reported lost and stolen, and the amount of funds that have been stolen through card skimming, card cloning, and similar fraudulent methods; (3) Any enhancements made to EBT cards during the quarter; and (4) EBT payment error rates.
No provision.	No provision.	Requires ODM to collaborate with ODJFS to provide any information ODM oversees that is required to be submitted as part of a quarterly report. Fiscal effect: There will be administrative costs for ODJFS to collect and compile additional information and for ODM to provide any information.

JFSCD30 Ohio Benefits Program

Section: 525.10 Requires the DAS Director and the ODJFS Director to develop an organization plan and to enter into a memorandum of understanding to transfer the administration of the Ohio Benefits Program from DAS to ODJFS by July 1, 2026. Authorizes the DAS Director to transfer the program's administration to the ODJFS Director by July 1, 2027. Requires that any business commenced, but not completed before the transfer, be completed by the ODJFS Director in the same manner as if completed by the DAS Director.	Section: 525.10 Same as the Executive.	Section: 525.10 Same as the Executive.
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Executive	As Passed By House	As Passed By Senate
Defines the Ohio Benefits Program as the integrated enterprise solution administered by DAS that assists individuals in verifying eligibility and applying for benefits offered through various programs administered by JFS and ODM.	Same as the Executive.	Same as the Executive.
Allows ODJFS, with regard to DAS employees whose primary duties include administering the program, to: (1) establish, change, or abolish positions within ODJFS; (2) assign, reassign, classify, reclassify, transfer, reduce, promote, or demote employees of ODJFS not subject to collective bargaining; and (3) assign or reassign an exempt employee to an appropriate bargaining unit.	Same as the Executive.	Same as the Executive.
Allows the ODJFS Director to establish a retirement incentive plan for transferred employees that is to remain in effect until December 31, 2027.	Same as the Executive.	Same as the Executive.
Authorizes the OBM Director to make any necessary budget and accounting changes to implement the program's transfer. Allows the OBM Director to also cancel or establish encumbrances and transfer appropriations between impacted agencies as necessary. Allows the OBM Director to transfer appropriations between ODJFS and DAS if necessary for continued efficient administration of the program. Appropriates any encumbrances or transferred appropriations.	Same as the Executive.	Same as the Executive.

Executive	As Passed By House	As Passed By Senate
JMOCD2	JMOC access to manage and view eligibility information and systems	
	R.C. 103.416	R.C. 103.416
No provision.	Requires, by the beginning of October 2025, ODM, ODJFS, and CDJFSs to provide the JMOC Executive Director and staff of JMOC access to view information and systems used for determining eligibility for public assistance benefits, as well for billing, payments, and tracking for providers, and provide training to the JMOC Executive Director and staff to ensure proper understanding and interpretation of information viewed.	Same as the House.
No provision.	Requires the JMOC Executive Director and staff to adhere to the same confidentiality standards that apply to staff of those departments when accessing information and data described above.	Same as the House.
	Fiscal effect: Possible administrative costs.	Fiscal effect: Same as the House.

Executive	As Passed By House	As Passed By Senate
AUDCD7 State audit of Medicaid Next Generation system		
	Section: 751.70	Section: 751.70
No provision.	Requires the AOS, by December 31, 2027, to conduct a performance audit and fiscal audit of ODM's next generation system. Requires the AOS to examine nine specified components of the system.	Same as the House, but requires only one audit that is both a performance and a fiscal audit with one accompanying audit report instead of two.
No provision.	Requires the Auditor to submit a copy of the audit reports to the Executive Director of JMOC.	Same as the House, but requires the submission only of the single audit report.
	Fiscal effect: Additional costs for AOS to conduct the performance audit.	Fiscal effect: Same as the House.

Executive		As Passed By House	As Passed By Senate
TOSCD9	Ohio STABLE accounts	<div><div>R.C. 113.51, 113.53; Section 413.40</div><div>No provision.</div><div>No provision.</div><div>No provision.</div><div>Fiscal effect: Exempting funds in an ABLE account from collection under the Ohio Medicaid Estate Recovery Program would likely result in a reduction in state revenues, as the state would be unable to recover Medicaid costs from these accounts after the account holder’s death. Additionally, TOS would incur increased expenses in the short term due to the costs associated with maintaining Ohio ABLE accounts. As of December 1, 2024, there are approximately 44,000 active ABLE accounts. The monthly maintenance cost is \$1.25 for Ohio residents and \$2.25 for out-of-state residents, with additional fees based on the usage of account services.</div></div>	<div><div>R.C. 113.51, 113.53; Section 413.40</div><div>Same as the House.</div><div>Same as the House.</div><div>Same as the House.</div><div>Fiscal effect: Same as the House.</div></div>