

Executive	As Passed By House	As Passed By Senate	As Reported By Conference Committee
MCD44 Employment connection incentive programs			
No provision.	No provision.	<p>R.C. 5116.30, 5167.29 Requires each Medicaid managed care organization (MCO) to establish an employment connection incentive program to assist Medicaid recipients in obtaining and maintaining employment.</p>	No provision.
No provision.	No provision.	Permits county departments of job and family services and county workforce development agencies, in conjunction with the local workforce development board, to establish an employment connection incentive program to assist public assistance recipients in obtaining and maintaining employment.	No provision.
No provision.	No provision.	Makes participation in a program voluntary for the recipients.	No provision.
No provision.	No provision.	<p>Provides for Medicaid MCOs, county departments of job and family services, and county workforce development agencies to earn incentive payments based on their successes with their programs.</p> <p>Fiscal effect: Potential costs to establish programs and to provide incentive payments. Potential savings if the provision leads to employment for individuals enrolled in Medicaid.</p>	No provision.

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MCD50 Testimony before JMOC			
No provision.	No provision.	<p>R.C. 5162.82 Requires the Medicaid Director to notify JMOC before making any Medicaid payment rate increases greater than 10% and to be available to testify before JMOC regarding the increase.</p> <p>Fiscal effect: None.</p>	<p>R.C. 5162.82 Same as the Senate.</p> <p>Fiscal effect: Same as the Senate.</p>
MCD48 Medicaid coverage of women postpartum			
No provision.	No provision.	<p>R.C. 5163.06, 5163.061, Section 333.253 Requires Medicaid coverage for pregnant women for the maximum postpartum period permitted under federal law, instead of for 60 days after giving birth.</p> <p>Fiscal effect: ODM would need to apply for a state plan amendment to extend this coverage, which would result in administrative costs. If approved, which is likely given provisions in the American Rescue Plan Act of 2021, ODM would receive federal reimbursements at the applicable FMAP. ODM anticipated it will cost \$15.0 million (all funds) in the first year of implementation and could reach \$31.0 million (all funds) for subsequent years when the program is fully operational.</p>	<p>R.C. 5163.06, 5163.061, Section 333.253 Same as the Senate.</p> <p>Fiscal effect: Same as the Senate.</p>

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MCDCD52 Medicaid eligibility			
No provision.	No provision.	R.C. 5163.52, 812.10 Requires ODM to take certain actions in the event that it receives federal funding for the Medicaid Program that is contingent upon a temporary maintenance of effort restriction or other restriction that limits ODM's ability to disenroll ineligible Medicaid recipients.	R.C. 5163.52, 812.10 Same as the Senate.
No provision.	No provision.	Specifies that a Medicaid recipient is subject to a redetermination if they were enrolled for three or more months during the period of restriction.	Same as the Senate, but in addition to being enrolled for three or more months, specifies a recipient could also be enrolled for an other time period consistent with federal law or federal guidelines during a period of restriction.
No provision.	No provision.	Sets the amount of time in which ODM must conduct and act on any redetermination of a Medicaid recipient at 60 days after receiving approval from the U.S. Centers for Medicare and Medicaid Services to conduct such redeterminations.	Same as the Senate, but increases the period of time to 90 days.
No provision.	No provision.	No provision.	Authorizes a county department of job and family services assisting ODM with conducting and acting on redeterminations to request from ODJFS, in consultation with the Department of Medicaid, up to 30 additional days to act on redeterminations.
No provision.	No provision.	Delays the effective date of this provision until January 1, 2022.	Same as the Senate.

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		<p>Fiscal effect: Doing the audit in this timeframe could change the typical annual cycles of eligibility redeterminations. Thus, there could be considerable costs for ODM and CDJFSs to conduct the audit to complete and act on eligibility redeterminations. If this led to a decrease in caseloads, there could be a reduction in costs.</p>	<p>Fiscal effect: Same as the Senate.</p>
<p>MCDCD6 Nursing facility Medicaid payment rates</p>			
<p>R.C. 5165.01, 5165.16, 5165.17, 5165.191</p>	<p>R.C. 5165.01, 5165.16, 5165.17, 5165.191</p>	<p>R.C. 5165.01, 5165.16, 5165.17, 5165.191</p>	<p>R.C. 5165.01, 5165.16, 5165.17, 5165.191</p>
<p>Makes the following changes to the nursing facility Medicaid payment rate formula:</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>
<p>(1) Clarifies the definition of "inpatient days" to mean all days during which a resident occupies a licensed bed in a nursing facility, instead of a bed that is included in the facility's Medicaid certified capacity;</p>	<p>(1) Same as the Executive.</p>	<p>(1) Same as the Executive.</p>	<p>(1) Same as the Executive.</p>
<p>(2) Clarifies occupancy rate to mean the percentage of occupied beds that, regardless of payer source, are reserved for use or actually being used;</p>	<p>(2) Same as the Executive.</p>	<p>(2) Same as the Executive.</p>	<p>(2) Same as the Executive.</p>
<p>(3) Clarifies that, for purposes of eligibility of the critical access incentive payment, the nursing facility's occupancy and utilization rates as of the last day of the calendar year are the rates for the entire cost reporting period;</p>	<p>(3) Same as the Executive.</p>	<p>(3) Same as the Executive, but specifies that the definition of "as of the last day of the calendar year" means the occupancy and utilization rates during the calendar year identified in the nursing facility's cost report (rather than those rates for the entire cost reporting period for which the nursing</p>	<p>(3) Same as the Senate.</p>

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<p>(4) For the ancillary and support costs and capital costs components of the payment rate, removes law that requires, for the purpose of determining a nursing facility's occupancy rate, the Ohio Department of Medicaid (ODM) to include any beds that the facility removes from its Medicaid certified capacity, unless the facility also removes the beds from its licensed capacity;</p>	(4) Same as the Executive.	(4) Same as the Executive.	(4) Same as the Executive.
<p>(5) Requires that rules relating to the resident assessment data nursing facilities must compile must specify any resident assessment data that is excluded from the facility's case mix score, as calculated by ODM.</p>	(5) Same as the Executive.	(5) Same as the Executive.	(5) Same as the Executive.
MCD7 Nursing facility quality improvement payments			
<p>R.C. 5165.15, 5165.151, Repealed: 5165.25 and 5165.26; Section 333.220</p>	<p>R.C. 5165.15, 5165.151, and 5165.26, Repealed: 5165.25</p>	<p>R.C. 5165.15, 5165.151, and 5165.26, Repealed: 5165.25</p>	<p>R.C. 5165.15, 5165.151, and 5165.26, Repealed: 5165.25</p>
<p>Repeals the nursing facility quality and quality incentive payments and establishes a new temporary quality improvement payment.</p>	<p>Replaces the Executive provision with a provision that reinstates the statutory quality incentive payment, with modifications.</p>	<p>Same as the House, with the following changes.</p>	<p>Same as the Senate.</p>
<p>No provision.</p>	<p>Provides that the payment is for FY 2022 and FY 2023, instead of ending after FY 2021.</p>	<p>Same as the House.</p>	<p>Same as the House, but makes the changes effective immediately (approximately July 1, 2021).</p>

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No provision.	No provision.	Clarifies that the CMS data used to calculate the quality metrics is based on data available in May of the calendar year during which the fiscal year begins, instead of the calendar year preceding the fiscal year.	Same as the Senate, but specifies that quality metrics shall be based on data from the most recent month, instead of May.
No provision.	No provision.	Eliminates a current law provision that disqualifies a nursing facility from receiving a quality incentive payment if its licensed occupancy percentage is below 80%, unless certain conditions are met (such as a force majeure event or if the facility undergoes a renovation directly impacting the area where the licensed beds are located).	Same as the Senate, but modifies so that the elimination only applies to FY 2022 and FY 2023.
No provision.	Provides that for FY 2022, a nursing facility's quality points are reduced to zero if its quality points are less than the number of points equal to the 33rd percentile of all nursing facilities.	Same as the House, but reduces this to the 25th percentile of all nursing facilities, and also applies this provision to FY 2023.	Same as the Senate.
No provision.	Provides that for FY 2023, a nursing facility's quality points are reduced to zero if its total points are less than its total number of points for FY 2022.	No provision.	No provision.
No provision.	No provision.	Provides that a nursing facility receives no quality incentive payment if it's on CMS's Special Focus Facility Program List.	Same as the Senate.
No provision.	For a nursing facility that undergoes a change of operator during FY 2022 or 2023, specifies that the payment rate for the existing operator for the remainder of the fiscal year is the same amount as for the	Replaces the House provision and instead provides that a new nursing facility or a nursing facility that undergoes a change of operator during FY 2022 or FY 2023 receives no quality incentive payment for that fiscal	Same as the Senate.

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Provides a \$50,000,000 add-on in FY 2022 for temporary quality incentive payments.	<p>exiting operator.</p> <p>Replaces the Executive provision with a provision that Provides a \$108,500,000 add-on in each fiscal year for the quality incentive payments.</p>	<p>year.</p> <p>Replaces the House provision with a provision that provides a \$25,000,000 add-on in each fiscal year for the quality incentive payments.</p>	<p>Replaces the Senate provision with a provision that provides a \$25,000,000 add-on in FY 2022 and a \$125,000,000 add-on in FY 2023 for the quality incentive payments.</p>
Provides that for state FY 2022, the nursing facility quality improvement payment is calculated in a manner similar to the repealed quality incentive payment.	No provision.	No provision.	No provision.
Requires, by January 1, 2022, ODM, in consultation with the departments of Aging and Health, to develop and establish quality improvement criteria that will be used to calculate a quality improvement payment for eligible nursing facilities.	No provision.	No provision.	No provision.
Provides that the criteria replace the FY 2022 quality improvement criteria if implemented in that state fiscal year, and that if the criteria are developed after state FY 2022, no quality improvement payments are to be made until the criteria are established.	No provision.	No provision.	No provision.
Requires a nursing facility to operate a home office and have key program staff in Ohio to receive the quality improvement payment.	No provision.	No provision.	No provision.

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<p>Fiscal effect: The budget provides \$170,000,000 all funds in each fiscal year (\$56.0 million in GRF state share in FY 2022 and \$61.0 million in GRF state share in FY 2023) for a replaced quality incentive payment. Additionally, the budget provides \$50,000,000 all funds in each fiscal year (\$16.5 million in GRF state share in FY 2022 and \$18.0 million in GRF state share in FY 2023) to fund an increase to the quality rate.</p>	<p>Fiscal effect: The bill increases appropriations to GRF line item 651525, Medicaid Health Care Services, by a total of \$58,500,000 in each fiscal year (\$19,258,000 in FY 2022 and \$21,001,500 in FY 2023 state share).</p>	<p>Fiscal effect: The bill decreases appropriations to GRF line item 651525, Medicaid Health Care Services, by a total of \$83,500,000 in each fiscal year (\$27,488,200 in FY 2022 and \$29,976,500 in FY 2023 state share).</p>	<p>Fiscal effect: The bill increases appropriations to GRF line item 651525, Medicaid Health Care Services, by a total of \$100,000,000 (\$35,900,000 state share) in FY 2023.</p>
<p>MCDCD37 Quality Incentive Payment Commission</p>	<p>R.C. 5165.261</p>	<p>R.C. 5165.261</p>	<p>R.C. 5165.261</p>
<p>No provision.</p>	<p>Requires ODM to establish a Nursing Facility Payment Commission consisting of seven nursing facility stakeholders and requires that appointments be made by December 31, 2021.</p>	<p>No provision.</p>	<p>Same as the House, but modifies as follows: (1) establishes the Commission, rather than tasking ODM with establishing the Commission; and (2) modifies the membership to consist of four members from the House of Representatives and four members from the Senate.</p>
<p>No provision.</p>	<p>Requires the Commission to analyze the current nursing facility quality incentive payment metrics, nursing facility base rates used to calculate the quality incentive payments, and cost centers for efficacy and, by August 31, 2022, submit a report to the General Assembly with its recommendations and determinations about whether or not they should be changed.</p>	<p>Replaces the House provision with a provision that instead requires JMOC to analyze the information and submit the report and expands the list of report recipients to enumerate specific members of the General Assembly and also include the Medicaid Director.</p>	<p>Same as the House, but also requires the Commission to analyse the efficacy of establishing a nursing facility long-term care bed buyback program.</p>

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	<p>Fiscal effect: Commission members will serve without compensation. However, if reimbursements are made for necessary related expenses, costs could increase minimally.</p>	<p>Fiscal effect: Minimal.</p>	<p>Fiscal effect: Same as the House.</p>
<p>MCD3D3 Nursing facility rebasing</p>			
<p>Section: 333.240</p>	<p>R.C. 5165.36, Section 333.240</p>	<p>R.C. 5165.36, Section 333.240</p>	<p>R.C. 5165.36, Section 333.240</p>
<p>Delays ODM's next rebasing until July 1, 2023, notwithstanding current law requiring ODM to conduct a rebasing at least once every five years.</p>	<p>Replaces the Executive provision (in temporary law) with a provision (in codified law) that requires ODM to conduct its next rebasing by June 30, 2022, using nursing facility calendar year 2019 data.</p>	<p>Same as the House, but requires ODM to conduct its next rebasing on the effective date of the act (approximately October 1, 2021) instead of by June 30, 2022 and requires ODM to use calendar year 2019 data to make retroactive payments to nursing facility operators for the period from July 1, 2021, through the date of the rebasing.</p>	<p>Replaces the Senate provision with a provision that provides that the bill's rebasing provisions take effect immediately (approximately July 1, 2021), thereby requiring the Department to conduct its next rebasing by that date, instead of 90 days later (approximately October 1, 2021).</p>
<p>No provision.</p>	<p>Earmarks \$50,000,000 in each fiscal year in GRF line item 651525, Medicaid Health Care Services, for ODM to use to pay for rebasing determinations of nursing facilities' Medicaid rates. Requires ODM to prorate these rebasing determinations as needed to stay within this earmark.</p>	<p>Same as the House, but increases the earmark to \$174,000,000 in each fiscal year and requires ODM to pay for the rebasing in a specified cost center order (the requirement to prorate to stay within the earmark is retained).</p>	<p>Same as the Senate, but reduces the earmark from \$174,000,000 in each fiscal year to \$125,000,000 in each fiscal year and removes capital costs from the rebasing calculation and cost center order.</p>
<p>No provision.</p>	<p>No provision.</p>	<p>Prohibits, for all rebasings conducted after FY 2022, the capital costs component of the rebasing from totaling more than 10% of the sum of all of the cost centers under the rebasing.</p>	<p>Replaces the Senate provision with a provision that removes capital costs as part of the rebasing calculation.</p>

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No provision.	No provision.	Requires ODM, notwithstanding a provision of current law requiring ODM to rebase all cost centers in each rebasing, to exclude from a rebasing any capital costs amounts exceeding 10% of the total of all of the cost centers.	Replaces the Senate provision with provisions that require nursing facility operators to use 70% of additional dollars resulting from a rebasing on direct care costs, including salaries, and permit the Department to recover monies not spent in accordance with this requirement. Requires ODM to adopt rules to implement these provisions. Provides that the 70% requirement applies to the FY 2022 rebasing and subsequent rebasings.
No provision.	No provision.	Requires ODM to (1) pay nursing facility operators for services provided July 1, 2021, through the date of the next rebasing based on the cost centers calculated from that rebasing and (2) pay or recover from the operators the difference between any payments made and the payments as calculated using data from the rebasing.	Replaces the Senate provision with new provisions for the FY 2022 rebasing that (1) prohibits nursing facilities from using monies from that rebasing on capital costs (2) requires nursing facility providers to submit quarterly reports to ODM during FYs 2022 and 2023 identifying the amounts spent on each cost center from the FY 2022 rebasing and permits ODM to review the reports to ensure compliance with these requirements, and (3) requires nursing facility providers to reimburse ODM any amounts, plus interest, spent on cost centers other than as provided above.
Fiscal effect: The impact will depend on what base year is selected to be used for the rebasing. ODM estimates that delaying will save \$233 million each fiscal year in the next biennium.	Fiscal effect: The bill increases appropriations to GRF appropriation item 651525 by \$50,000,000 in each fiscal year (\$16,460,000 in FY 2022 and \$17,950,000 in FY 2023 state share).	Fiscal effect: Same as the House, but increases GRF appropriation item 651525, Medicaid Health Care Services, by an additional \$124,000,000 in each fiscal year (\$40,820,800 state share in FY 2022 and \$44,516,000 state share in FY 2023).	Fiscal effect: The bill decreases GRF appropriation item 651525, Medicaid Health Care Services, by \$49,000,000 in each fiscal year (\$16,130,800 state share in FY 2022 and \$17,591,000 state share in FY 2023).

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MCDCD8 Special Focus Facility Program			
R.C. 5165.771	R.C. 5165.771	R.C. 5165.771, (repealed), with a conforming change in 5165.80	R.C. 5165.771
Modifies the nursing facility Special Focus Facility Program, which requires ODM to terminate a nursing facility's Medicaid participation if the nursing facility is placed on the federal Special Focus Facility (SFF) list and fails to make improvements or graduate from the SFF program within certain periods of time, as follows:	Same as the Executive.	Replaces the Executive provision, with a provision that repeals the SFF Program and removes Executive modifications to the program.	Same as the Executive.
(1) Requires a nursing facility to take all necessary steps to avoid having its Medicaid participation terminated;	(1) Same as the Executive.	(1) No provision.	(1) Same as the Executive.
(2) Provides that technical assistance and quality improvement initiatives to help a nursing facility avoid having its Medicaid participation terminated are available through the Nursing Home Quality Initiative (NHQI) and through a quality improvement organization under the Nursing Home Quality Initiative, instead of requiring the Department of Aging to provide assistance through the NHQI at least four months before ODM would be required to terminate the facility's Medicaid participation;	(2) Same as the Executive.	(2) No provision.	(2) Same as the Executive.
(3) Permits nursing facilities to appeal, under the Administrative Procedure Act, the length of time a facility is listed on the SFF table, instead of prohibiting any appeals;	(3) Same as the Executive.	(3) No provision.	(3) Same as the Executive.

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(4) Permits the Medicaid Director to adopt rules to provide for an expedited appeal process, notwithstanding the Administrative Procedure Act's time limits.	(4) Same as the Executive.	(4) No provision.	(4) Same as the Executive.
Fiscal effect: Any impact will depend on the number of nursing facilities placed on the SFF list.	Fiscal effect: Same as the Executive.		Fiscal effect: Same as the Executive.
MCDCD1 Medicaid waiver component definition			
R.C. 5166.01 Specifies that the definition of a "Medicaid waiver component" under existing law does not include services delivered under a prepaid inpatient health plan.	R.C. 5166.01 Same as the Executive.	R.C. 5166.01 Same as the Executive.	R.C. 5166.01 Same as the Executive.
Fiscal effect: None.	Fiscal effect: Same as the Executive.	Fiscal effect: Same as the Executive.	Fiscal effect: Same as the Executive.
MCDCD47 Medicaid waiver - Ohio Breast and Cervical Cancer Project			
No provision.	No provision.	R.C. 5166.33 Requires the Medicaid Director to establish, subject to federal approval, a Medicaid waiver component under which women screened for breast or cervical cancer by providers neither participating in nor paid for the screening by ODH's Ohio Breast and Cervical Cancer Project (BCCP) may receive cancer treatment under the Medicaid program if the women are otherwise eligible to participate in BCCP.	No provision. (See DOHCD54).

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		Fiscal effect: Potential increase in costs depending on the number of eligible women and whether federal approval is granted. Potential administrative costs to establish the program.	
MCD42 Medicaid managed care organization procurement			
No provision.	No provision.	R.C. 5167.10 Requires ODM to, when contracting with Medicaid MCOs, include contracts with organizations that:	R.C. 5167.10 Same as the Senate, but requires ODM to take these actions to the extent permitted by federal law.
(1) No provision.	(1) No provision.	(1) Are domiciled in Ohio, including their parent entities;	(1) Same as the Senate.
(2) No provision.	(2) No provision.	(2) Are currently Medicaid MCOs; and	(2) Same as the Senate.
(3) No provision.	(3) No provision.	(3) Have a proven history of quality and customer satisfaction, as reported by ODM's Medicaid Managed Care Plans Report Card and NCQA Medicaid health insurance plan ratings.	(3) Same as the Senate.
No provision.	No provision.	Requires the contracted organizations to participate, at minimum, in the areas of Ohio where they are providing services as of the bill's effective date.	Same as the Senate.
No provision.	No provision.	Exempts from the reprocurement requirements a behavioral health managed care plan selected to assist with implementing the Ohio Resilience through Integrated Systems and Excellence (OhioRISE) Program.	Same as the Senate.

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No provision.	No provision.	No provision.	Requires ODM to establish an appeals process under which Medicaid MCO applicants can appeal an adverse decision by ODM on their applications for up to 30 days after the decision.
MCD41 Competitive selection process			
No provision.	No provision.	<p data-bbox="1365 558 1607 579">R.C. 5167.15</p> <p data-bbox="1365 607 1938 943">Requires Medicaid MCOs to engage in a competitive selection process when contracting with a laboratory services provider vendor (The competitive selection process must include a request for proposal period. If all criteria between applicants are equal, the MCO must give preference to an applicant whose principal place of business is in Ohio.).</p> <p data-bbox="1365 971 1938 1110">Fiscal effect: Potential administrative costs involved in administering the competitive selection process. Any other impacts will depend on the bids received.</p>	No provision.

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MCD51 Franchise permit fees report to JMOC			
No provision.	No provision.	<p>R.C. 5168.90 Requires the Medicaid Director to submit a report quarterly to JMOC members and executive director with the following franchise permit fee rates and aggregate totals: (1) the hospital franchise permit fee, (2) the nursing home and hospital long-term care unit franchise permit fee, (3) the ICF/IID franchise permit fee, and (4) the health insuring corporation franchise fee.</p>	<p>R.C. 5168.90 Same as the Senate.</p>
No provision.	No provision.	<p>Requires the Medicaid Director to also report to the executive director and members of JMOC if there is a rate increase pending before the Centers for Medicare and Medicaid Services for any of those fees.</p> <p>Fiscal effect: Potential administrative costs.</p>	<p>Same as the Senate.</p> <p>Fiscal effect: Same as the Senate.</p>
MCD9 Medicaid Health Care Services			
<p>Section: 333.20 Requires that GRF appropriation item 651525, Medicaid Health Care Services, not be limited by R.C. 131.33, which 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 Same as the Executive.</p>	<p>Section: 333.20 Same as the Executive.</p>	<p>Section: 333.20 Same as the Executive.</p>

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MCD10 Lead abatement and related activities			
<p>Section: 333.30</p> <p>Allows the Director of OBM, upon the request of the Medicaid Director, to transfer state share appropriations from GRF appropriation item 651525, Medicaid Health Care Services, to appropriation items in other state agencies for the purposes of lead abatement and related activities.</p>	<p>Section: 333.30</p> <p>Same as the Executive.</p>	<p>Section: 333.30</p> <p>Replaces the Executive provision with a provision that: (1) allows the Medicaid Director to request the OBM Director to transfer up to \$5,000,000 in each fiscal year from GRF appropriation item 651525 to appropriation items in the Department of Health (as opposed to other state agencies) for the purposes of lead abatement activities (removes "and related activities"); and (2) allows the Medicaid Director to seek Controlling Board approval for transfers in excess of \$5,000,000 (all funds) in each fiscal year for lead abatement activities.</p>	<p>Section: 333.30</p> <p>Same as the Senate.</p>
<p>Permits the Director of OBM, if such a transfer occurs, to adjust the federal share of GRF appropriation item 651525, Medicaid Health Care Services, accordingly.</p>	<p>Same as the Executive.</p>	<p>No provision.</p>	<p>No provision.</p>
<p>Allows the Medicaid Director to transfer federal funds for these transactions. Appropriates any transferred amounts.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>
MCD32 Positive Education Program Connections			
<p>No provision.</p>	<p>Section: 333.35</p> <p>Requires GRF appropriation item 651426, Positive Education Program Connections, to be used for the Positive Education Program Connections in Cuyahoga County.</p>	<p>Section: 333.35</p> <p>Same as the House.</p>	<p>Section: 333.35</p> <p>Same as the House.</p>

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MCDCD11 Hospital Franchise Fee Program			
<p>Section: 333.40</p> <p>Permits the Director of OBM to authorize additional expenditures from appropriation items 651623, Medicaid Services - Federal; 651525, Medicaid Health Care Services, and 651656, Medicaid Services - Hospital Franchise Fee, to implement the programs authorized by R.C. 5168.20 and 5168.28. Appropriates any authorized amounts.</p>	<p>Section: 333.40</p> <p>Same as the Executive.</p>	<p>Section: 333.40</p> <p>Same as the Executive.</p>	<p>Section: 333.40</p> <p>Same as the Executive.</p>
MCDCD5 Hospital Franchise Fee additional appropriations			
<p>Section: 333.45</p> <p>Allows the Medicaid Director to request that the Director of OBM authorize expenditures in excess of the amounts appropriated in DPF Fund 5GF0 appropriation item 651656, Medicaid Services – Hospital Franchise Fee, and Federal Fund 3F00 appropriation item 651623, Medicaid Services – Federal, if additional amounts are necessary due to the COVID-19 public health emergency.</p>	<p>Section: 333.45</p> <p>Same as the Executive.</p>	<p>Section: 333.45</p> <p>Same as the Executive, but instead of allowing the Medicaid Director to request the OBM Director to authorize excess expenditures, allows the Medicaid Director to seek Controlling Board approval for excess expenditures.</p>	<p>Section: 333.45</p> <p>Same as the Senate.</p>
<p>Allows the Director of OBM to authorize excess expenditures by up to \$400.0 million in item 651656 and up to \$1.00 billion in item 651623 in each fiscal year. Appropriates any authorized excess expenditures.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive, but allows the Controlling Board to authorize the excess expenditures and upon approval appropriates additional amounts.</p>	<p>Same as the Senate.</p>

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MCDLCD12 Medicare Part D			
<p>Section: 333.50 Permits GRF appropriation item 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>Section: 333.50 Same as the Executive.</p>	<p>Section: 333.50 Same as the Executive.</p>	<p>Section: 333.50 Same as the Executive.</p>
<p>Permits the Director of OBM, upon the request of ODM, to transfer the state share of appropriations between GRF appropriation items 651525, Medicaid Health Care Services, and 651526, Medicare Part D.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>
<p>Requires the Director of OBM to adjust the federal share of item 651525, if the state share is adjusted.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>
<p>Requires ODM to provide notification to the Controlling Board of any such transfers at their next scheduled meeting.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>
MCDLCD29 Brigid's Path Program			
<p>No provision.</p>	<p>Section: 333.55 Requires GRF appropriation item 651529, Brigid's Path Program, be distributed to the Brigid's Path Program in Montgomery County.</p>	<p>Section: 333.55 Same as the House.</p>	<p>Section: 333.55 Same as the House.</p>

Executive	As Passed By House	As Passed By Senate	As Reported By Conference Committee
No provision.	Specifies that if the Medicaid Director files rules to implement a mother baby dyad program under which residential pediatric recovery centers would receive reimbursement for treatment of infants with neonatal abstinence syndrome, upon the rules' effective date or as soon as possible thereafter, the Medicaid Director must certify to the OBM Director the unexpended, unencumbered funds from appropriation item 651529 remaining for FY 2022 and FY 2023.	Same as the House.	Same as the House.
No provision.	Requires, upon certification, the OBM Director to transfer the remaining appropriation to appropriation item 651525, Medicaid Health Care Services.	Same as the House.	Same as the House.
MCD33 Food Farmacy pilot project			
No provision.	<p>Section: 333.57</p> <p>Requires GRF appropriation item 651533, Food Farmacy Pilot Project, to be distributed to the Akron Canton Regional Foodbank to provide comprehensive medical, nutrition, and lifestyle support for food-insecure patients with chronic diseases and their families.</p>	<p>Section: 333.57</p> <p>Same as the House.</p>	<p>Section: 333.57</p> <p>Same as the House.</p>

Executive	As Passed By House	As Passed By Senate	As Reported By Conference Committee
MCD13 Care Innovation and Community Improvement Program			
Section: 333.60	Section: 333.60	Section: 333.60	Section: 333.60
No provision.	Requires the Medicaid Director to continue the Care Innovation and Community Improvement Program (CICIP) for the FY 2022-FY 2023 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.	Same as the House.	Same as the House.
No provision.	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.	Same as the House.	Same as the House.
No provision.	Requires each participating agency to receive supplemental payments under the Medicaid program for physician and other professional services that are covered by Medicaid and provided to recipients.	Same as the House.	Same as the House.
No provision.	Permits the Medicaid Director to terminate or adjust the amount of the supplemental payments if funding is inadequate.	Same as the House.	Same as the House.
No provision.	Requires each participating agency to jointly participate in quality improvement initiatives that align with and advance the goals of ODM's quality strategy required	Same as the House.	Same as the House.

Executive	As Passed By House	As Passed By Senate	As Reported By Conference Committee
No provision.	under federal law. Requires the Medicaid Director to maintain a process to evaluate the work done by participating agencies.	Same as the House.	Same as the House.
No provision.	Requires the Medicaid Director, not later than December 31 each year, to submit a report to the Speaker of the House, the President of the Senate, and the Joint Medicaid Oversight Committee, detailing the efficacy, trends, outcomes, and number of agencies enrolled in CICIP. Requires that the report also specify the total amount of supplemental payments made to participating agencies. Requires intergovernmental transfers be deposited into the Care and Innovation and Community Improvement Fund and moneys in the fund and the corresponding federal funds to be used for these payments.	Same as the House.	Same as the House.
Allows the Medicaid Director to request the Director of OBM 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.	Same as the Executive.	No provision.	No provision.

Executive	As Passed By House	As Passed By Senate	As Reported By Conference Committee
MCDCD14 Deposits to the Health Care/Medicaid Support and Recoveries Fund			
<p>Section: 333.70 Requires the Medicaid Director to deposit into the Health Care Services Support and Recoveries Fund (Fund 5DL0), \$2.5 million cash in each fiscal year from the first installment of assessments and intergovernmental transfers made under the Hospital Care Assurance Program (HCAP) under R.C. 5168.06 and 5168.07.</p>	<p>Section: 333.70 Same as the Executive.</p>	<p>Section: 333.70 Same as the Executive.</p>	<p>Section: 333.70 Same as the Executive.</p>
MCDCD15 Health Care/Medicaid Support and Recoveries Fund expenditures			
<p>Section: 333.80 Permits the Medicaid Director to request that the Director of OBM authorize expenditures from the Health Care/Medicaid Support and Recoveries Fund (Fund 5DL0) in excess of the amounts appropriated, if receipts credited to the fund exceed the amounts appropriated from the fund. Requires, if additional expenditures are authorized, that the Director of OBM adjust any federal appropriations accordingly. Appropriates authorized amounts and corresponding federal adjustments.</p>	<p>Section: 333.80 Same as the Executive.</p>	<p>No provision.</p>	<p>No provision.</p>

Executive	As Passed By House	As Passed By Senate	As Reported By Conference Committee
MCD16 Cash transfers from the Health Care/Medicaid Support and Recoveries Fund to the Statewide Prevention and Treatment Fund			
<p>Section: 333.90 Permits the Director of OBM, upon request of the Medicaid Director, to transfer up to \$2.0 million cash in each fiscal year from the Health Care/Medicaid Support and Recoveries Fund (Fund 5DLO) to the Statewide Prevention Treatment Fund (Fund 4750).</p>	<p>Section: 333.90 Same as the Executive.</p>	<p>Section: 333.90 Same as the Executive, but requires Controlling Board approval for cash transfers.</p>	<p>Section: 333.90 Same as the Senate.</p>
<p>Requires any transferred funds be used to support Centers of Excellence and related activities. Appropriates any transferred funds.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>
MCD17 Health Insuring Corporation Class Franchise Fee			
<p>Section: 333.100 Permits the Director of OBM, at the request of the Medicaid 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 Director of OBM to adjust the federal appropriation item identified by the Medicaid Director if additional amounts are authorized. Appropriates any authorized amounts and corresponding federal adjustments.</p>	<p>Section: 333.100 Same as the Executive.</p>	<p>No provision.</p>	<p>Section: 333.100 Same as the Executive.</p>

Executive	As Passed By House	As Passed By Senate	As Reported By Conference Committee
MCDCD18 Hospital Care Assurance Match			
<p>Section: 333.110</p> <p>Permits the Director of OBM, at the request of the Medicaid 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.</p>	<p>Section: 333.110</p> <p>Same as the Executive.</p>	<p>Section: 333.110</p> <p>Same as the Executive.</p>	<p>Section: 333.110</p> <p>Same as the Executive.</p>
<p>Requires that DPF Fund 6510, appropriation item 651649, Medicaid Services – Health Care Assurance Program, be used by ODM for distributing the state share of all HCAP funds to hospitals. Permits the Director of OBM, at the request of the Medicaid 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.</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	As Reported By Conference Committee
MCD19 Refunds and Reconciliation Fund			
<p>Section: 333.120 Permits the Director of OBM, at the request of the Medicaid 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 Same as the Executive.</p>	<p>No provision.</p>	<p>Section: 333.120 Same as the Executive.</p>
MCD28 Medicaid Interagency Pass-Through			
<p>Section: 333.130 Permits the Director of OBM, at the request of the Medicaid Director, to authorize expenditures from FED Fund 3G50 appropriation item 651655, Medicaid Interagency Pass-Through, in excess of amounts appropriated. Appropriates any authorized amounts.</p>	<p>Section: 333.130 Same as the Executive.</p>	<p>No provision.</p>	<p>No provision.</p>

Executive

As Passed By House

As Passed By Senate

As Reported By Conference Committee

MCDCD20 Non-emergency medical transportation

Section: 333.140

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

Section: 333.140

Same as the Executive.

Section: 333.140

Same as the Executive.

Section: 333.140

Same as the Executive.

Executive	As Passed By House	As Passed By Senate	As Reported By Conference Committee
MCDCD21 Public assistance eligibility determination and local program support			
<p>Section: 333.150</p> <p>Permits the Director of OBM, at the request of the Medicaid Director, to transfer up to \$5.0 million in each fiscal year in state share appropriations between GRF appropriation item 651525, Medicaid Health Care Services, in the ODM budget and 655522, Medicaid Program Support - Local, in the ODJFS budget. Requires that the Director of OBM adjust the federal share of item 651525 and FED Fund 3F01 appropriation item 655624, Medicaid Program Support - Federal, in the ODJFS budget, accordingly. Requires the Medicaid Director to transmit federal funds it receives for the transaction to Fund 3F01, used by ODJFS.</p> <p>Requires the Medicaid Director to establish criteria for distribution of funds and for county departments of job and family services (CDJFS) to submit allowable expenses.</p> <p>Requires CDJFSs to comply with new roles, processes, and responsibilities related to the new eligibility determination system and requires CDJFS to report to ODJFS and ODM how the funds were used.</p>	<p>Section: 333.150</p> <p>Same as the Executive.</p> <p>Same as the Executive.</p> <p>Same as the Executive.</p>	<p>Section: 333.150</p> <p>Same as the Executive, but makes \$2.5 million of the transfer in each fiscal year mandatory (the remaining \$2.5 million of the transfer in each fiscal year will still be permissive and at the request of the Medicaid Director). Specifies that the OBM Director adjust the federal appropriations "when transfers occur" instead of "if such a transfer occurs."</p> <p>Same as the Executive.</p> <p>Same as the Executive.</p>	<p>Section: 333.150</p> <p>Same as the Senate.</p> <p>Same as the Executive.</p> <p>Same as the Executive.</p>

Executive	As Passed By House	As Passed By Senate	As Reported By Conference Committee
MCD22 Medicaid payment rates for community behavioral health services			
<p>Section: 333.160 Permits ODM to establish Medicaid payment rates for community behavioral health services provided during FY 2022 and FY 2023 that exceed authorized rates paid for the services under the Medicare Program.</p>	<p>Section: 333.160 Same as the Executive.</p>	<p>Section: 333.160 Same as the Executive.</p>	<p>Section: 333.160 Same as the Executive.</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>Same as the Executive.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>
<p>Fiscal effect: Any impact will depend on whether ODM chooses to pay these amounts.</p>	<p>Fiscal effect: Same as the Executive.</p>	<p>Fiscal effect: Same as the Executive.</p>	<p>Fiscal effect: Same as the Executive.</p>
MCD38 Adult day care and HCBS waiver rates			
<p>No provision.</p>	<p>Section: 333.165 Earmarks \$5,000,000 in each fiscal year in GRF line item 651525, Medicaid Health Care Services, to be used to increase the payment rates during FY 2022 and FY 2023 for adult day care services provided by Medicaid-funded and state-funded providers under the PASSPORT Program.</p>	<p>Section: 333.166, 333.165 No provision.</p>	<p>Section: 333.166, 333.165 Same as the House, but also increases the adult day care services under the Ohio Home Care, MyCare Ohio, and the Assisted Living waivers.</p>
<p>No provision.</p>	<p>Requires ODM to establish a methodology for calculating the rate increase for adult day services.</p>	<p>No provision.</p>	<p>Same as the House.</p>

Executive	As Passed By House	As Passed By Senate	As Reported By Conference Committee
No provision.	No provision.	Increases the payment rates for the PASSPORT, Ohio Home Care, MyCare Ohio, and Assisted Living waiver programs for specified services by 4% in FY 2022 from the rates in effect on June 30, 2021 and by 2% in FY 2023 from the rates in effect on June 30, 2022.	Same as the Senate.
	Fiscal effect: The bill increases the appropriation in GRF line item 651525 by \$5.0 million in each fiscal year (about \$1.8 million in FY 2022 and \$1.7 million in FY 2023 state share).	Fiscal effect: Increases GRF line by additional \$14,827,821 (\$5,007,391 state share) in FY 2022 and \$35,720,670 (\$12,705,867 state share) in FY 2023.	Fiscal effect: Same as the Senate, but increases GRF line item 651525 by an additional \$3,806,991 (\$1,402,704 state share) in FY 2022 and \$2,986,346 (\$1,215,556 state share) in FY 2023.
MCD23 Area Agencies on Aging and Medicaid Managed Care			
Section: 333.170	Section: 333.170	Section: 333.170	Section: 333.170
Requires ODM, if it expands the inclusion of the aged, blind, and disabled (ABD) eligibility group or dual-eligibles in the care management system during the FY 2022-FY 2023 biennium, to do the following:	Same as the Executive.	Same as the Executive.	Same as the Executive.
(1) Require Area Agencies on Aging (AAA) to be the coordinators of home and community-based services available under Medicaid waiver components that those individuals and the group receive and permit Medicaid managed care organizations (MCOs) to delegate to the agencies full-care coordination functions for those services and other healthcare services those individuals and that group receive; and	(1) Same as the Executive.	(1) Same as the Executive.	(1) Same as the Executive.

Executive	As Passed By House	As Passed By Senate	As Reported By Conference Committee
<p>(2) Give preference, when selecting managed care organizations to contract with, organizations that will enter into subcapitation arrangements with AAAs under which the agencies are to perform, in addition to other functions, certain network management and payment functions.</p>	(2) Same as the Executive.	(2) Same as the Executive.	(2) Same as the Executive.
<p>Fiscal effect: Any impact will depend on if ODM chooses to include these populations into the care management system. AAAs currently coordinate services for dual-eligibles participating in MyCare.</p>	Fiscal effect: Same as the Executive.	Fiscal effect: Same as the Executive.	Fiscal effect: Same as the Executive.
MCD40 Ohio Invests in Improvements for Priority Populations			
No provision.	<p>Section: 333.175 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 MCO plan.</p>	<p>Section: 333.175 Same as the House.</p>	<p>Section: 333.175 Same as the House.</p>
No provision.	<p>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 care management system enrollees.</p>	Same as the House.	Same as the House.
No provision.	<p>Requires participating hospitals to remit to ODM, through intergovernmental transfer, the nonfederal share of payment for those services.</p>	Same as the House.	Same as the House.

Executive	As Passed By House	As Passed By Senate	As Reported By Conference Committee
No provision.	Requires appropriation item 651694 and any corresponding federal share in appropriation item 651623 be used for the OIPP Program.	Same as the House.	Same as the House.
No provision.	Specifies that if receipts credited into the Hospital Directed Payment Program Fund (Fund 5XY0) exceed the amounts appropriated, the Medicaid Director may request the Director of Budget and Management to authorize additional expenditures. Requires, if any amounts are authorized, the Director of Budget and Management to adjust the federal appropriation item accordingly. Appropriates authorized additional expenditures.	No provision.	Same as the House.
	Fiscal effect: The bill appropriates \$10.5 million in each fiscal year for DPF Fund 5XY0, appropriation item 651694, and increases appropriations to federal Fund 3F00 appropriation item 651623 by \$27.2 million in each fiscal year.	Fiscal effect: Same as the House.	Fiscal effect: Same as the House.

Executive	As Passed By House	As Passed By Senate	As Reported By Conference Committee
MCDCD24 Work Community Engagement Program - OhioMeansJobs costs			
Section: 333.180	Section: 333.180	Section: 333.180	Section: 333.180
Permits the Director of OBM, upon the request of the Medicaid Director, to transfer in each fiscal year state share appropriations between DPF Fund 5DL0 appropriation item 651685, Medicaid Recoveries -Program Support, within ODM, and GRF appropriation item 655425, Medicaid Program Support, within ODJFS. Requires that if any transfer occurs, the Director of OBM adjust federal share appropriations in specified line items, accordingly.	Same as the Executive.	Same as the Executive.	Same as the Executive.
Specifies that any funds provided to ODJFS shall only be used for costs related to transitioning to a new work community engagement program for the Medicaid program as prescribed by the Medicaid Director.	Same as the Executive.	Same as the Executive.	Same as the Executive.

Executive	As Passed By House	As Passed By Senate	As Reported By Conference Committee
MCDCD25 Work Community Engagement Program - county costs			
<p>Section: 333.190 Permits the Director of OBM, upon request of the Medicaid Director, to transfer state share appropriations in each fiscal year between GRF appropriation item 651525, Medicaid Health Care Services, used by ODM, and GRF appropriation item 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 Medicaid Director to establish criteria for distributing these funds and for CDJFSs to submit allowable expenses.</p>	<p>Section: 333.190 Same as the Executive.</p> <p>Same as the Executive.</p> <p>Same as the Executive.</p>	<p>Section: 333.190 Same as the Executive.</p> <p>Same as the Executive.</p> <p>Same as the Executive.</p>	<p>Section: 333.190 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	As Reported By Conference Committee
MCD26 Managed Care Claims Fund			
Section: 333.200			
Creates the Managed Care Claims Fund in the state treasury, which consists of money that Medicaid MCOs pay to ODM in order for ODM to make payments to providers under the care management system that the organizations are unable to make due to systems issues. Requires moneys in the fund to be used to make such payments.	No provision.	No provision.	No provision.
Allows the Medicaid Director to request the Director of OBM to authorize expenditures from the Managed Care Claims Fund and the corresponding federal share from the Health Care Federal Fund (Fund 3F00). Appropriates any requested amounts upon the approval of the Director of OBM.	No provision.	No provision.	No provision.
MCD31 Medicaid Health and Human Services			
No provision.	Section: 333.205 Requires the Medicaid Director to seek Controlling Board approval before any funds can be expended from DPF Fund 5SA4 line item 651689, Medicaid Health & Human Services.	Section: 333.205 Same as the House.	Section: 333.205 Same as the House.

Executive	As Passed By House	As Passed By Senate	As Reported By Conference Committee
MCDCD27 Voluntary Medicaid Community Engagement Program			
Section: 333.210	Section: 333.210	Section: 333.210	Section: 333.210
Requires the Medicaid Director to establish a voluntary community engagement program since the COVID-19 public health emergency created impediments to implementing the Work and Community Engagement Waiver Component under R.C. 5166.37. Requires the voluntary program to be implemented no later than January 1, 2022 and to be available to all medical assistance recipients.	Same as the Executive.	Same as the Executive.	Same as the Executive.
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.	Same as the Executive.	Same as the Executive.	Same as the Executive.
Provides that the program is in effect through the FY 2022 – FY 2023 biennium, or until Ohio is able to implement the waiver component under R.C. 5166.37, whichever is sooner.	Same as the Executive.	Same as the Executive.	Same as the Executive.
Requires the Medicaid Director to explore partnerships with education and training providers to increase training opportunities	Same as the Executive.	Same as the Executive.	Same as the Executive.

Executive	As Passed By House	As Passed By Senate	As Reported By Conference Committee
<p>for Medicaid recipients.</p> <p>Fiscal effect: ODM will realize costs to establish and implement this program. However, the budget provides the funding to support this.</p>	<p>Fiscal effect: Same as the Executive.</p>	<p>Fiscal effect: Same as the Executive.</p>	<p>Fiscal effect: Same as the Executive.</p>
<p>MCDCD30 Value-based purchasing supplemental rebate</p>			
<p>No provision.</p>	<p>Section: 333.215 Requires ODM to submit to the Centers for Medicare and Medicaid Services a Medicaid state plan amendment to permit ODM to enter into value-based purchasing supplemental rebate agreements with pharmaceutical manufacturers.</p>	<p>Section: 333.215 Same as the House.</p>	<p>Section: 333.215 Same as the House.</p>
<p>No provision.</p>	<p>Requires the amendment to be submitted within 60 days after the section's effective date.</p>	<p>Same as the House.</p>	<p>Same as the House.</p>
<p>No provision.</p>	<p>Requires the agreements authorized by the state plan amendment to establish criteria for ODM to make supplemental rebate payments to pharmaceutical manufacturers and requires ODM to use its best efforts to ensure that the agreement submitted permits rebates to be calculated on many different bases.</p>	<p>Same as the House, but makes a corrective change to remove a reference to ODM making the value-based purchasing supplemental rebate payments.</p>	<p>Same as the Senate.</p>
	<p>Fiscal effect: Potential administrative costs related to applying for the state plan amendment. Any other impacts will depend on the agreements entered into.</p>	<p>Fiscal effect: Same as the House.</p>	<p>Fiscal effect: Same as the House.</p>

Executive	As Passed By House	As Passed By Senate	As Reported By Conference Committee
MCD34 Medicaid Cost Assurance Pilot Program			
No provision.	<p>Section: 333.217 Establishes the Medicaid Cost Assurance Pilot Program to be available to expansion eligibility group ("Group VIII") enrollees in the care management system during FY 2022 and FY 2023.</p>	<p>Section: 333.217 Same as the House.</p>	<p>Section: 333.217 Same as the House.</p>
No provision.	<p>Enumerates pilot program requirements, including that the program provide Medicaid services to participants at a rate of 95% of current Medicaid MCO capitation rates, use technology in specified ways, develop strategies to assist participants rise above the poverty level for Medicaid eligibility, and include 90-day study periods to determine whether to expand the program.</p>	<p>Same as the House.</p>	<p>Same as the House.</p>
No provision.	<p>Requires ODM to implement the pilot program initially to a limited population of eligible participants, with future expansion to be determined based on demonstrated success criteria.</p>	<p>Same as the House.</p>	<p>Same as the House.</p>
No provision.	<p>Requires ODM to select a single care management entity to begin the program and prescribes criteria for the managed care entity, including that it be an insurer licensed under Title 39 of the Revised Code and have sufficient capital of at least \$30 million.</p>	<p>Same as the House, but changes the prescribed criteria for the care management entity by requiring that it be an Ohio-licensed health insuring corporation that meets the continuing law solvency requirements for health insuring corporations (instead of a Title 39 licensed insurer with sufficient capital of at least \$30 million).</p>	<p>Same as the Senate.</p>

Executive	As Passed By House	As Passed By Senate	As Reported By Conference Committee
No provision.	Requires, by December 31, 2022, ODM to submit a report to the Speaker of the House of Representatives, the Senate President, and JMOC members outlining clinical outcome data and cost impacts of the pilot program.	Same as the House.	Same as the House.
No provision.	Requires the members of the House Health Committee to appoint a subcommittee to make recommendations about the pilot program’s progress.	No provision.	No provision.
	Fiscal effect: Potential administrative costs involved in establishing and reporting on the results of the pilot program. Any other impacts will depend on program outcomes.	Fiscal effect: Same as the House.	Fiscal effect: Same as the House.
MCDCD4 Lump sum payment for low Medicaid utilization			
Section: 333.230			
Requires ODM to issue a lump sum payment to nursing facilities that have a Medicaid utilization rate for 2022 that is less than 90% of the aggregate Medicaid utilization for calendar year 2019, with certain exceptions.	No provision.	No provision.	No provision.
Caps the total lump sum payments to the lesser of \$50.0 million or an amount equal to the aggregate utilization shortfall across all nursing facilities during that time period.	No provision.	No provision.	No provision.
Fiscal effect: The budget provides \$50.0 million all funds (\$16.5 million in GRF state share) in FY 2022 for the lump sum payment.			

Executive	As Passed By House	As Passed By Senate	As Reported By Conference Committee
MCD49 Pharmacy supplemental dispensing fee			
No provision.	No provision.	<p>Section: 333.245 Requires, effective July 1, 2021, ODM to establish a supplemental dispensing fee for retail pharmacies under the care management system for FY 2022 and FY 2023.</p>	<p>Section: 333.245 Same as the Senate.</p>
No provision.	No provision.	<p>Requires the supplemental dispensing fee to have at least three payment levels, and requires the levels to be based on (1) the ratio of Medicaid prescriptions compared to total prescriptions a pharmacy location fills and (2) the number of pharmacy locations participating in the care management system in the geographic area, as determined by ODM.</p>	Same as the Senate.
No provision.	No provision.	<p>Requires the Medicaid Director to adjust the supplemental dispensing fees if federal Medicaid statutes or regulations reduce the amount of federal funds ODM receives for the supplemental dispensing fee.</p>	Same as the Senate.
No provision.	No provision.	<p>Requires ODM to expend \$5,000,000 in FY 2022 and \$10,150,000 in FY 2023 in DPF Fund 5DL0 line item 651639, Medicaid Services - Recoveries, along with any corresponding federal shares from FED Fund 3F00 line item 651623, Medicaid Services - Federal, for the supplemental dispensing fees.</p>	Same as the Senate.

Executive	As Passed By House	As Passed By Senate	As Reported By Conference Committee
No provision.	No provision.	No provision. Fiscal effect: The bill increases DPF Fund 5DL0 line item 651639 by \$5,000,000 in FY 2022 and \$10,150,000 in FY 2023. The bill also increases FED Fund 3F00 line item 651623 by \$13,804,062 in FY 2022 and \$24,922,564 in FY 2023.	Authorizes the OBM Director to make temporary cash transfers between the GRF and Fund 5DL0 and requires the Director to replenish the GRF for any such transfers. Fiscal effect: Same as the Senate.
MCD46 Additional payment for low-income assisted living			
No provision.	No provision.	Section: 333.247 Requires the Department of Aging and ODM to adopt rules to establish an additional payment amount for residential care facilities that utilize the Low-Income Housing Tax Credit Program and provide services under the Assisted Living program or the Integrated Care Delivery System (otherwise known as "MyCare Ohio") Medicaid waiver component. Fiscal effect: There will be costs for the additional payments. The total costs will depend on the payment amount determined in rule and the number of Medicaid enrollees that reside in eligible facilities.	No provision.

Executive	As Passed By House	As Passed By Senate	As Reported By Conference Committee
MCD43 Managed care organization procurement			
No provision.	No provision.	<p>Section: 333.250 Requires ODM to suspend its current procurement process and, during FY 2022, complete a new procurement process. Requires the process to significantly take into account the following:</p>	No provision.
(1) No provision.	(1) No provision.	(1) Whether the MCO is domiciled in Ohio;	(1) No provision.
(2) No provision.	(2) No provision.	(2) The number of jobs created or lost in this state by the award of the Medicaid MCO contracts;	(2) No provision.
(3) No provision.	(3) No provision.	(3) Other economic impacts in this state resulting from the award of contracts; and	(3) No provision.
(4) No provision.	(4) No provision.	(4) Whether the MCO has a proven track record of providing quality services and customer satisfaction.	(4) No provision.
No provision.	No provision.	<p>Exempts from the reprocurement requirements a behavioral health managed care plan selected to assist with implementing the Ohio Resilience through Integrated Systems and Excellence (OhioRISE) Program.</p> <p>Fiscal effect: There will be administrative costs to complete the new procurement process.</p>	No provision.

Executive	As Passed By House	As Passed By Senate	As Reported By Conference Committee
MCDCD53 Post-COVID Medicaid redetermination			
No provision.	No provision.	<p>Section: 333.255 Requires ODM to use third-party data to conduct an eligibility redetermination of all Ohio Medicaid recipients within 60 days after the conclusion of the COVID-19 emergency period.</p>	<p>Section: 333.255 Same as the Senate, but makes the following modifications: (1) requires ODM to seek Controlling Board approval, by November 1, 2021, to use the third-party data; and (2) changes the timeframe ODM has to carry out redeterminations to 90 days following the conclusion of the federal COVID-19 emergency.</p>
No provision.	No provision.	<p>Requires ODM to conduct an expedited eligibility review of those recipients identified as likely ineligible for the program based on that verification, and to the extent permitted under federal law, to disenroll those recipients who are no longer eligible.</p>	Same as the Senate.
No provision.	No provision.	<p>Requires ODM to conduct an expedited eligibility review of those recipients who were newly enrolled in the Medicaid program for three or more months during the emergency period, but who were not newly enrolled during the last six months of the emergency period, and to the extent permitted under federal law, to disenroll those recipients who are no longer eligible.</p>	Same as the Senate.
No provision.	No provision.	<p>Requires ODM to complete a report containing its findings from the verification and submit it to various state entities.</p>	Same as the Senate.

Executive	As Passed By House	As Passed By Senate	As Reported By Conference Committee
No provision.	No provision.	Provides that any third-party vendor expenses incurred by the verification is entirely contingent on ODM realizing cost savings, and limits vendor expenses to 20% of those savings.	Same as the Senate.
No provision.	No provision.	No provision. Fiscal effect: There would be costs to ODM and CDJFSs to do these redeterminations, costs could be increased due to the timeframe. If the redeterminations led to a decrease enrollment, there could be a decrease in expenditures.	Specifies that ODM may designate an entity to conduct eligibility redeterminations and use third-party data sources and systems to conduct these redeterminations. Fiscal effect: Same as the Senate.
<p>MCD2CD Hospital Care Assurance Program</p> <p>Section: 610.20, 610.21</p> <p>Amends Sections 125.10 and 125.11 of H.B. 59 of the 130th G.A. to delay the repeal of the Hospital Care Assurance Program, which compensates hospitals that provide a disproportionate share of care to indigent patients, for two additional years, from 2021 to 2023.</p>	<p>Section: 610.20, 610.21</p> <p>Same as the Executive.</p>	<p>Section: 610.20, 610.21</p> <p>Same as the Executive.</p>	<p>Section: 610.20, 610.21</p> <p>Same as the Executive.</p>

Executive

As Passed By House

As Passed By Senate

As Reported By Conference Committee

Fiscal effect: The bill appropriates \$158.4 million in FY 2022 and \$102.3 million in FY 2023 in DPF Fund 6510 appropriation item 651649, Medicaid Services - Hospital Care Assurance Program, for the program. The cash used for the program is from an assessment imposed on hospitals

Fiscal effect: Same as the Executive.

Fiscal effect: Same as the Executive.

Fiscal effect: Same as the Executive.

Executive	As Passed By House	As Passed By Senate	As Reported By Conference Committee
DOHCD54 Ohio Breast and Cervical Cancer Project			
No provision.	No provision.	No provision.	<p>R.C. 3701.145, Section 291.20</p> <p>Requires the Director of Health, as part of the Ohio Breast and Cervical Cancer Project (BCCP), to ensure that a woman who meets the following conditions receives treatment for breast or cervical cancer: (1) the woman was screened for breast or cervical cancer by a provider outside of the BCCP; (2) the woman is in need of treatment for breast or cervical cancer; (3) the woman has a countable income not exceeding 300% of the federal poverty line; (4) the woman is not covered by health insurance; and (5) the woman is less than sixty-five years of age.</p>
No provision.	No provision.	No provision.	<p>Requires \$100,000 in each fiscal year in GRF appropriation item 440438, Breast and Cervical Cancer Screening, to be used to ensure treatment for breast or cervical cancer for eligible women in accordance with section 3701.145 of the Revised Code.</p>
No provision.	No provision.	No provision.	<p>Requires the Director of Health, on July 1, 2022, or as soon as possible thereafter, to certify to the Director of OBM the amount of the unexpended, unencumbered balance of the abovementioned earmark at the end of FY 2022 to be reappropriated to FY 2023.</p>
No provision.	No provision.	No provision.	<p>Reappropriates the amount certified for the same purpose.</p>

Executive

As Passed By House

As Passed By Senate

As Reported By Conference Committee

Fiscal effect: ODH may experience an increase in costs to ensure a woman meeting the eligibility criteria receives treatment; however, the bill appropriates \$100,000 in each FY for this purpose.

DOHCD35 Long-Term Care Bed Buyback Program

Section: 291.50

Requires ODH, in consultation with the Department of Aging and the Department of Medicaid, to establish a Long-Term Care Bed Buyback Program during FY 2022 and FY 2023 under which nursing facility operators may voluntarily, permanently surrender for compensation one or more licensed long-term care beds due to a decrease in bed utilization if the bed is (1) located in a county with bed excess as calculated by ODH and (2) the county has sufficient beds remaining to address the bed need in the county as calculated by ODH after surrender.

No provision.

No provision.

No provision.

Requires ODH to solicit program applications, setting forth program requirements and the criteria that will be used to evaluate competing bed surrender proposals.

No provision.

No provision.

No provision.

Requires a nursing facility that has received payment for the surrender of long-term care beds under the program to provide notice with specified information to ODH.

No provision.

No provision.

No provision.

Executive	As Passed By House	As Passed By Senate	As Reported By Conference Committee
Requires DPF Fund L087 appropriation item 440680, Nursing Home Bed Reduction, to be used in FY 2022 to support the long-term care bed buyback program.	No provision.	No provision.	No provision.
Allows, on July 1, 2022, or as soon as possible thereafter, the Director of Health to certify to the Director of Budget and Management an amount up to the unexpended, unencumbered balance of DPF appropriation item, 440680, Nursing Home Bed Reduction, at the end of fiscal year 2022 to be reappropriated to FY 2023.	No provision.	No provision.	No provision.
Reappropriates the amount certified to the same appropriation item and for the same purpose for FY 2023.	No provision.	No provision.	No provision.
Fiscal effect: In FY 2022, \$50.0 million is appropriated in appropriation item 440680.			
DOHCD47 Help Me Grow report			
No provision.	No provision.	Section: 291.70 Requires the Director of Health to submit a report regarding the Help Me Grow program to the chairperson and ranking minority member of the health committee and finance committee of each house.	Section: 291.70 Same as the Senate.
No provision.	No provision.	Requires the report to include the number of families in the program who are eligible for Medicaid and TANF and to include recommendations for using funds associated with Medicaid and TANF to provide services	Same as the Senate.

Executive

As Passed By House

As Passed By Senate

As Reported By Conference Committee

through Help Me Grow.

Fiscal effect: ODH will experience an increase in costs to produce the required report.

Fiscal effect: Same as the Senate.

Executive	As Passed By House	As Passed By Senate	As Reported By Conference Committee
JFSCD72 Third-party commercial consumer reporting agency			
No provision.	No provision.	<p>R.C. 5101.04, and Section 307.290 Permits ODJFS to contract with a third-party commercial consumer reporting agency to assist with improving the timeliness of benefit deliveries, maximizing operational efficiencies, increasing cost savings, and minimizing fraud within SNAP, Medicaid, and TANF programs.</p>	<p>R.C. 5101.04, and Section 307.290 Same as the Senate.</p>
No provision.	No provision.	<p>Requires CDJFSs to participate in a no-cost, 90-day pilot program under which the county department must contract with a third-party commercial consumer reporting agency to assist with improving the timeliness of benefit deliveries, maximizing operational efficiencies, increasing cost savings, and minimizing fraud within SNAP, Medicaid, and TANF programs. Permits ODJFS to contract with a vendor capable of providing these services following the conclusion of the pilot program using the \$1,000,000 earmark in FY 2022 from GRF appropriation item 600551, Job and Family Services Program Support.</p>	Same as the Senate.
No provision.	No provision.	<p>Requires both ODJFS and CDJFSs to undertake efforts to incorporate real-time employment and income information into existing verification and eligibility determination procedures.</p>	Same as the Senate.

Executive	As Passed By House	As Passed By Senate	As Reported By Conference Committee
JFSCD70 Data matching agreements			
No provision.	No provision.	<p>R.C. 5101.041, 125.70, 5120.212 Requires the ODJFS Director to enter into several data matching agreements for the purpose of determining eligibility of certain public assistance recipients.</p>	<p>R.C. 5101.041, 125.70, 5120.212 Same as the Senate.</p>
No provision.	No provision.	<p>Requires DAS to work with ODJFS and ODM to deploy private sector tools for digital identity management, authentication, and verification for individuals receiving public assistance.</p> <p>Fiscal effect: There would be costs to enter into these agreements and to deploy these tools.</p>	<p>Same as the Senate.</p> <p>Fiscal effect: Same as the Senate.</p>
JFSCD73 Employment Incentive Program			
No provision.	No provision.	<p>Section: 307.152 Earmarks \$2,500,000 in each fiscal year from new GRF appropriation item 600560, Employment Incentive Program, for CDJFSs to develop employment incentive programs.</p>	<p>Section: 307.152 Same as the Senate.</p>
No provision.	No provision.	<p>Requires a CDJFS to submit a plan regarding its use of funds to the ODJFS Director, which must be submitted as part of the county's prevention, retention, and contingency (PRC) plan.</p>	<p>Same as the Senate.</p>
No provision.	No provision.	<p>Allows funds to be used to incentivize individuals who are either currently enrolled or recently stopped participating in SNAP, Medicaid, or a TANF employment and to</p>	<p>Same as the Senate.</p>

Executive

As Passed By House

As Passed By Senate

As Reported By Conference Committee

provide outreach, referral, application assistance, and other services to assist individuals to receive incentives through this program and any related supportive services to stabilize their employment.