

Executive

As Reported By House Finance

**MCDCD6 Nursing facility Medicaid payment rates**

**R.C. 5165.01, 5165.16, 5165.17, 5165.191**

Makes the following changes to the nursing facility Medicaid payment rate formula:

- (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;
- (2) Clarifies occupancy rate to mean the percentage of occupied beds that, regardless of payer source, are reserved for use or actually being used;
- (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;
- (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;
- (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.

**R.C. 5165.01, 5165.16, 5165.17, 5165.191**

Same as the Executive.

(1) Same as the Executive.

(2) Same as the Executive.

(3) Same as the Executive.

(4) Same as the Executive.

(5) Same as the Executive.

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**MCDCD7 Nursing facility quality improvement payments**

**R.C. 5165.15, 5165.151, Repealed: 5165.25 and 5165.26; Section 333.220**

Repeals the nursing facility quality and quality incentive payments and establishes a new temporary quality improvement payment.

Provides a \$50,000,000 add-on in FY 2022 for temporary quality incentive payments.

Provides that for state FY 2022, the nursing facility quality improvement payment is calculated in a manner similar to the repealed quality incentive payment.

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.

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.

**R.C. 5165.15, 5165.151, and 5165.26, Repealed: 5165.25**

Replaces the Executive provision with a provision that reinstates the statutory quality incentive payment with the following changes: (1) provides that the payment is for FY 2022 and FY 2023 instead of ending after FY 2021; (2) provides that for FY 2022, a nursing facility's quality points are reduced to zero if its total points are less than the number of points equal to the thirty-third percentile of all nursing facilities; (3) 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; and (4) specifies how to calculate a nursing facility's quality incentive payment if the facility undergoes a change of operator during state FY 2022 or FY 2023.

Replaces the Executive provision with a provision that Provides a \$108,500,000 add-on in each fiscal year for the quality incentive payments.

No provision.

No provision.

No provision.

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Requires nursing facilities to operate a location in this state with key program staff to be eligible for the quality improvement payments.

No provision.

**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.**

**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).**

MCD37 Quality Incentive Payment Commission

R.C. 5165.261

No provision.

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.

No provision.

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.

**Fiscal effect: Commission members will serve without compensation. However, if reimbursements are made for necessary related expenses, costs could increase minimally.**

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**MCDCD3 Temporary extension of rebasing**

**Section: 333.240**

Delays ODM's next rebasing until July 1, 2023, notwithstanding current law requiring ODM to conduct a rebasing at least once every five years.

No provision.

**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.**

**R.C. 5165.36, Section 333.240**

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.

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.

**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).**

**MCDCD8 Special Focus Facility Program**

**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:

- (1) Requires a nursing facility to take all necessary steps to avoid having its Medicaid participation terminated;
- (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

**R.C. 5165.771**

Same as the Executive.

(1) Same as the Executive.

(2) Same as the Executive.

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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;

(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;

(4) Permits the Medicaid Director to adopt rules to provide for an expedited appeal process, notwithstanding the Administrative Procedure Act's time limits.

**Fiscal effect: Any impact will depend on the number of nursing facilities placed on the SFF list.**

(3) Same as the Executive.

(4) Same as the Executive.

**Fiscal effect: Same as the Executive.**

**MCD101 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.

**Fiscal effect: None.**

**R.C. 5166.01**

Same as the Executive.

**Fiscal effect: Same as the Executive.**

**MCD109 Medicaid Health Care Services**

**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.

**Section: 333.20**

Same as the Executive.

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**MCDLCD10 Lead abatement and related activities**

**Section: 333.30**

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. 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.

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

Appropriates any transferred amounts.

**Section: 333.30**

Same as the Executive.

Same as the Executive.

Same as the Executive.

**MCDLCD32 Positive Education Program Connections**

No provision.

**Section: 333.35**

Requires GRF appropriation item 651426, Positive Education Program Connections, to be used for the Positive Education Program Connections in Cuyahoga County.

**MCDLCD11 Hospital Franchise Fee Program**

**Section: 333.40**

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.

**Section: 333.40**

Same as the Executive.

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**MCDCD5 Hospital Franchise Fee additional appropriations**

**Section: 333.45**

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.

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.

**Section: 333.45**

Same as the Executive.

Same as the Executive.

**MCDCD12 Medicare Part D**

**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.

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.

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

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

**Section: 333.50**

Same as the Executive.

Same as the Executive.

Same as the Executive.

Same as the Executive.

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**MCD29 Brigid's Path Program**

No provision.

**Section: 333.55**

Requires GRF appropriation item 651529, Brigid's Path Program, be distributed to the Brigid's Path Program in Montgomery County.

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.

No provision.

Requires, upon certification, the OBM Director to transfer the remaining appropriation to appropriation item 651525, Medicaid Health Care Services.

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**MCD33 Food Farmacy pilot project**

No provision.

**Section: 333.57**

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.



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**MCDCD13 Care Innovation and Community Improvement Program**

**Section: 333.60**

No provision.

**Section: 333.60**

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.

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.

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.

No provision.

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

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 under federal law.

No provision.

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

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

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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.

participating agencies.  
Same as the Executive.

**MCDCD14 Deposits to the Health Care/Medicaid Support and Recoveries Fund**

**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.

**Section: 333.70**

Same as the Executive.

**MCDCD15 Health Care/Medicaid Support and Recoveries Fund expenditures**

**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.

**Section: 333.80**

Same as the Executive.

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**MCDCD16 Cash transfers from the Health Care/Medicaid Support and Recoveries Fund to the Statewide Prevention and Treatment Fund**

**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 5DL0) to the Statewide Prevention Treatment Fund (Fund 4750).

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

**Section: 333.90**

Same as the Executive.

Same as the Executive.

**MCDCD17 Health Insuring Corporation Class Franchise Fee**

**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.

**Section: 333.100**

Same as the Executive.

**MCDCD18 Hospital Care Assurance Match**

**Section: 333.110**

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.

**Section: 333.110**

Same as the Executive.

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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.

Same as the Executive.

**MCDCD19 Refunds and Reconciliation Fund**

**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.

**Section: 333.120**

Same as the Executive.

**MCDCD28 Medicaid Interagency Pass-Through**

**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.

**Section: 333.130**

Same as the Executive.

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**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.

**MCDCD21 Public assistance eligibility determination and local program support**

**Section: 333.150**

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.

**Section: 333.150**

Same as the Executive.

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.

Same as the Executive.

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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.

Same as the Executive.

**MCDCD22 Medicaid payment rates for community behavioral health services**

**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.

**Section: 333.160**

Same as the Executive.

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.

Same as the Executive.

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

**Fiscal effect: Same as the Executive.**

**MCDCD38 HCBS waiver rates**

No provision.

**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.

No provision.

Requires ODM to establish a methodology for calculating the rate increase.

**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).**

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**MCDCD23 Area Agencies on Aging and Medicaid Managed Care**

**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:

- (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
- (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.

**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.**

**Section: 333.170**

Same as the Executive.

- (1) Same as the Executive.

- (2) Same as the Executive.

**Fiscal effect: Same as the Executive.**

**MCDCD40 Ohio Invests in Improvements for Priority Populations**

No provision.

**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.

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No provision.

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.

No provision.

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

No provision.

Requires appropriation item 651694 and any corresponding federal share in appropriation item 651623 be used for the OIPP Program. 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.

No provision.

Requires, if any amounts are authorized, the Director of Budget and Management to adjust the federal appropriation item accordingly. Appropriates authorized additional expenditures.

**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 \$27.7 million in each fiscal year.**



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**MCDCD24 Work Community Engagement Program - OhioMeansJobs costs**

**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.

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.

**Section: 333.180**

Same as the Executive.

Same as the Executive.

**MCDCD25 Work Community Engagement Program - county costs**

**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.

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.

**Section: 333.190**

Same as the Executive.

Same as the Executive.

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

Same as the Executive.

**MCDCD26 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.

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.

**MCDCD31 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.

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**MCDCD27 Voluntary Medicaid Community Engagement Program**

**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.

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

Provides that the program is in effect through the FY 2022 – FY 2023 biennium, or until Ohio is able to implement the waiver component under R.C. 5166.37, whichever is sooner.

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

**Fiscal effect: ODM will realize costs to establish and implement this program. However, the budget provides the funding to support this.**

**Section: 333.210**

Same as the Executive.

Same as the Executive.

Same as the Executive.

Same as the Executive.

**Fiscal effect: Same as the Executive.**

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**MCD30 Value-based purchasing supplemental rebate**

No provision.

**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.

No provision.

Requires the amendment to be submitted within 60 days after the section's effective date.

**Fiscal effect: Potential administrative costs related to applying for the state plan amendment. Any other impacts will depend on the agreements entered into.**

**MCD34 Medicaid Cost Assurance Pilot Program**

No provision.

**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.

No provision.

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.

No provision.

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.

No provision.

Requires ODM to select a single care management entity to begin the program and prescribes criteria for the care management entity.

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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.

**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.**

**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.

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.

**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.**

**MCDCD2 Hospital Care Assurance Program**

**Section: 610.20, 610.21**

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.

**Section: 610.20, 610.21**

Same as the Executive.

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**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**

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**Fiscal effect: Same as the Executive.**

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**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.

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.

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.

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.

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.

Reappropriates the amount certified to the same appropriation item and for the same purpose for FY 2023.

No provision.

Executive

As Reported By House Finance

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**Fiscal effect: In FY 2022, \$50.0 million is appropriated in appropriation item 440680.**

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