

Executive

As Passed By House

As Reported By Senate Finance

MCD44 Employment connection incentive programs

No provision.	No provision.	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.
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.	Makes participation in a program voluntary for the recipients.
No provision.	No provision.	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. 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.

MCD50 Testimony before JMOC

No provision.	No provision.	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. Fiscal effect: None.
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Executive

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MCD48 Medicaid coverage of women postpartum

No provision.

No provision.

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.

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.

MCD52 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.

No provision.

No provision.

Delays the effective date of this provision until January 1, 2022.

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.

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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.

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, 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 facility participated in the Medicaid program during the calendar year identified in the nursing facility's cost report).

(4) Same as the Executive.

(5) Same as the Executive.

Executive	As Passed By House	As Reported By Senate Finance
MCD7CD7 Nursing facility quality improvement payments		
R.C. 5165.15, 5165.151, Repealed: 5165.25 and 5165.26; Section 333.220	R.C. 5165.15, 5165.151, and 5165.26, Repealed: 5165.25	R.C. 5165.15, 5165.151, and 5165.26, Repealed: 5165.25
Repeals the nursing facility quality and quality incentive payments and establishes a new temporary quality improvement payment.	Replaces the Executive provision with a provision that reinstates the statutory quality incentive payment, with modifications.	Same as the House, with the following changes.
No provision.	Provides that the payment is for FY 2022 and FY 2023, instead of ending after FY 2021.	Same as the House.
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.
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).
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.
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.	Provides that a nursing facility receives no quality incentive payment if it's on CMS's Special Focus Facility Program List.
No provision.	For a nursing facility that undergoes a change of operator during FY 2022 or 2023, specifies that the payment rate for	Replaces the House provision and instead provides that a new nursing facility or a nursing facility that undergoes a

Executive	As Passed By House	As Reported By Senate Finance
Provides a \$50,000,000 add-on in FY 2022 for temporary quality incentive payments.	the existing operator for the remainder of the fiscal year is the same amount as for the exiting operator.	change of operator during FY 2022 or FY 2023 receives no quality incentive payment for that fiscal year.
Provides that for state FY 2022, the nursing facility quality improvement payment is calculated in a manner similar to the repealed quality incentive payment.	Replaces the Executive provision with a provision that Provides a \$108,500,000 add-on in each fiscal year for the quality incentive payments.	Replaces the House provision with a provision that provides a \$25,000,000 add-on in each fiscal year for the quality incentive payments.
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.
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.
Requires nursing facilities to operate a location in this state.	No provision.	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).	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).

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MCD37 Quality Incentive Payment Commission

No provision.

R.C. 5165.261

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.

R.C. 5165.261

No provision.

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.

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.

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

Fiscal effect: Minimal.

MCD3 Nursing facility 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.

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.

R.C. 5165.36, Section 333.240

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.

No provision.

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.

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).

Executive	As Passed By House	As Reported By Senate Finance
No provision.	No provision.	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.
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.
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).
MCD8CD8 Special Focus Facility Program		
R.C. 5165.771	R.C. 5165.771	R.C. 5165.771, (repealed), with a conforming change in 5165.80
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.
(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.
(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	(2) Same as the Executive.	(2) No provision.

Executive

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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.

(3) No provision.

(4) No provision.

MCD47 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.

R.C. 5166.01

Same as the Executive.

Fiscal effect: Same as the Executive.

MCD47 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.

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

Executive

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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:
(1) No provision.	(1) No provision.	(1) Are domiciled in Ohio, including their parent entities;
No provision.	(2) No provision.	(2) Are currently Medicaid MCOs; and
(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.
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.
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.

MCD41 Competitive selection process

No provision.	No provision.	R.C. 5167.15 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.).
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Executive

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Fiscal effect: Potential administrative costs involved in administering the competitive selection process. Any other impacts will depend on the bids received.

MCD51 Franchise permit fees report to JMOC

No provision.

No provision.

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.

No provision.

No provision.

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.

Fiscal effect: Potential administrative costs.

MCD9 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.

Section: 333.20

Same as the Executive.

Executive

As Passed By House

As Reported By Senate Finance

MCDCD10 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.

Section: 333.30

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.

No provision.

Same as the Executive.

MCDCD32 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.

Section: 333.35

Same as the House.

Executive

As Passed By House

As Reported By Senate Finance

MCDCD11 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.

Section: 333.40

Same as the Executive.

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.

Section: 333.45

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.

Same as the Executive, but allows the Controlling Board to authorize the excess expenditures and upon approval appropriates additional amounts.

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.

Section: 333.50

Same as the Executive.

Section: 333.50

Same as the Executive.

Executive	As Passed By House	As Reported By Senate Finance
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.	Same as the Executive.	Same as the Executive.
Requires the Director of OBM to adjust the federal share of item 651525, if the state share is adjusted.	Same as the Executive.	Same as the Executive.
Requires ODM to provide notification to the Controlling Board of any such transfers at their next scheduled meeting.	Same as the Executive.	Same as the Executive.
MCDCD29 Brigid's Path Program		
No provision.	<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>
No provision.	<p>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.</p>	Same as the House.
No provision.	<p>Requires, upon certification, the OBM Director to transfer the remaining appropriation to appropriation item 651525, Medicaid Health Care Services.</p>	Same as the House.

Executive

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As Reported By Senate Finance

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.

Section: 333.57

Same as the House.

MCD13 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.

Section: 333.60

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.

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.

No provision.

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

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 under federal

Same as the House.

Executive	As Passed By House	As Reported By Senate Finance
No provision.	law. Requires the Medicaid Director to maintain a process to evaluate the work done by participating agencies.	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.
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.
MCD14 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.	Section: 333.70 Same as the Executive.

Executive

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As Reported By Senate Finance

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.

No provision.

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.

Section: 333.90

Same as the Executive, but requires Controlling Board approval for cash transfers.

Same as the Executive.

Executive

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MCD17 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.

No provision.

MCD18 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.

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.

Section: 333.110

Same as the Executive.

Same as the Executive.

Section: 333.110

Same as the Executive.

Same as the Executive.

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MCDLCD19 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.

No provision.

MCDLCD28 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.

No provision.

MCDLCD20 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.

Executive

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MCD21 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.

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.

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.

Section: 333.150

Same as the Executive.

Same as the Executive.

Same as the Executive.

Section: 333.150

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."

Same as the Executive.

Same as the Executive.

MCD22 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.

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.

Section: 333.160

Same as the Executive.

Same as the Executive.

Section: 333.160

Same as the Executive.

Same as the Executive.

Executive

As Passed By House

As Reported By Senate Finance

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

Fiscal effect: Same as the Executive.

Fiscal effect: Same as the Executive.

MCD38 Adult day care and 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.

Section: 333.166, 333.165

Replaces the House provision with a provision that increases the payment rates for the PASSPORT and Assisted Living waiver programs, including MyCare Ohio, for adult day care, 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.

No provision.

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

No provision.

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.

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.

MCD23 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

Section: 333.170

Same as the Executive.

(1) Same as the Executive.

Section: 333.170

Same as the Executive.

(1) Same as the Executive.

Executive

As Passed By House

As Reported By Senate Finance

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.

(2) Same as the Executive.

Fiscal effect: Same as the Executive.

(2) Same as the Executive.

Fiscal effect: Same as the Executive.

MCD40 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.

Section: 333.175

Same as the House.

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.

Same as the House.

No provision.

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

Same as the House.

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.

Executive

As Passed By House

As Reported By Senate Finance

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.

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.

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.

Section: 333.180

Same as the Executive.

Same as the Executive.

Executive

As Passed By House

As Reported By Senate Finance

MCD25 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.

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

Section: 333.190

Same as the Executive.

Same as the Executive.

Same as the Executive.

Section: 333.190

Same as the Executive.

Same as the Executive.

Same as the Executive.

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.

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.

No provision.

Executive

As Passed By House

As Reported By Senate Finance

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.

MCD27 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

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.

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.

Executive

As Passed By House

As Reported By Senate Finance

funding to support this.

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.

Section: 333.215

Same as the House.

No provision.

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

Same as the House.

No provision.

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.

Same as the House, but makes a corrective change to remove a reference to ODM making the value-based purchasing supplemental rebate payments.

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

Fiscal effect: Same as the House.

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.

Section: 333.217

Same as the House.

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

Same as the House.

Executive	As Passed By House	As Reported By Senate Finance
No provision.	<p>participants rise above the poverty level for Medicaid eligibility, and include 90-day study periods to determine whether to expand the program.</p> <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>	Same as the House.
No provision.	<p>Requires ODM to select a single managed care 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>	Same as the House, but changes the prescribed criteria for the managed care 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).
No provision.	<p>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.</p>	Same as the House.
No provision.	<p>Requires the members of the House Health Committee to appoint a subcommittee to make recommendations about the pilot program’s progress.</p> <p>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.</p>	<p>No provision.</p> <p>Fiscal effect: Same as the House.</p>

Executive

As Passed By House

As Reported By Senate Finance

MCD49 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.

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.

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.

MCD49 Pharmacy supplemental dispensing fee

No provision.

No provision.

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.

No provision.

No provision.

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.

No provision.

No provision.

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.

No provision.

No provision.

Requires ODM to expend \$5,000,000 in FY 2022 and \$10,150,000 in FY 2023 in DPF Fund 5DL0 line item 651639,

Executive

As Passed By House

As Reported By Senate Finance

Medicaid Services - Recoveries, along with any corresponding federal shares from FED Fund 3F00 line item 651623, Medicaid Services - Federal, for the supplemental dispensing fees.

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.

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.

MCD43 Managed care organization procurement

No provision.

No provision.

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:

(1) No provision.

(1) No provision.

(1) Whether the MCO is domiciled in Ohio;

Executive	As Passed By House	As Reported By Senate Finance
(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;
(3) No provision.	(3) No provision.	(3) Other economic impacts in this state resulting from the award of contracts; and
(4) No provision.	(4) No provision.	(4) Whether the MCO has a proven track record of providing quality services and customer satisfaction.
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. Fiscal effect: There will be administrative costs to complete the new procurement process.
MCDCD53 Post-COVID Medicaid redetermination		
No provision.	No provision.	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.
No provision.	No provision.	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.
No provision.	No provision.	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

Executive

As Passed By House

As Reported By Senate Finance

No provision.

No provision.

who are no longer eligible.

Requires ODM to complete a report containing its findings from the verification and submit it to various state entities.

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.

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.

MCD2CD2 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.

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

Section: 610.20, 610.21

Same as the Executive.

Fiscal effect: Same as the Executive.

Section: 610.20, 610.21

Same as the Executive.

Fiscal effect: Same as the Executive.

Executive

As Passed By House

As Reported By Senate Finance

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.

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.

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.

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.

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.

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

No provision.

No provision.

Executive

As Passed By House

As Reported By Senate Finance

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.

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 through Help Me Grow.

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

Executive

As Passed By House

As Reported By Senate Finance

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>
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>
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>

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>
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>

Executive

As Passed By House

As Reported By Senate Finance

Fiscal effect: There would be costs to enter into these agreements and to deploy these tools.

JFSCD73 Employment Incentive Program

No provision.

No provision.

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.

No provision.

No provision.

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.

No provision.

No provision.

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 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.