



**HB 166 (Oelslager) Operating Budget
Comparison Document
Key Items Aging, Health and Medicaid
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Ohio Department of Aging

Provision	Executive As Introduced	House Budget	Senate Budget	Conference Committee Report
AGECD7 Training materials and programmatic support for Dementia	RC 173.04 Expands the topics that must be covered in training materials disseminated to health and social service personnel by ODA and the respite care programs funded by ODA to include other types of dementia rather than only Alzheimer's disease.	Same as the Executive		
AGECD8 Background checks for conditionally employed applicants	R.C. 173.27, 173.38 Requires the Director of ODA or other hiring entity to request a criminal records check before, rather than up to five days after, conditionally employing an applicant in (1) a community-based long-term care position involving direct-care services for consumers or (2) a state or regional long-term care ombudsman position.	Same as the Executive		
AGECD10 Procedures for conducting	R.C. 173.38, 5164.342 Requires ODA's procedures to be used for conducting criminal records checks when considering applicants for direct-care positions under an ODA-administered program,	Same as executive		

background checks for ODA programs	even if a community-based long-term care provider is also a service provider under an ODM administered program for home and community-based care.			
AGECD9 Notice of decision regarding certification or discipline	R.C. 173.391 Requires, rather than permits, ODA to notify a provider of community-based long-term care services of the following decisions reached without holding a hearing: decisions not to certify, and decisions to take disciplinary action.	Same as Executive		
AGECD 11 Exception to required hearing	R.C. 173.391 Exempts from hearing requirements certain ODA actions regarding the certification of a community-based long-term care provider if the provider's Medicaid provider agreement has been suspended.	Same as Executive		
AGECD1 Long term care	Section: 209.20 Permits, pursuant to an interagency agreement, ODM to designate ODA to perform level of care assessments. Requires ODA to provide long-term care consultations to assist individuals in planning for their long-term health care needs. Requires ODA to administer the Medicaid waiver-funded PASSPORT Home Care Program, the Assisted Living Program, and PACE as delegated by ODM in an interagency agreement.	Same as Executive		
AGECD4 Senior Community Programs	Section: 209.30 Permits GRF appropriation item 490411, Senior Community Services, to be used for programs, services, and activities designated by ODA. Permits ODA to use these funds to provide grants to community organizations to support and expand evidence based/informed programming. Requires service priority to be given to low-income, high need, and/or cognitively impaired persons 60 years of age and older.	Same as Executive		
AGECD6	Section: 209.30 Permits DPF Fund 5MT0	Same as Executive		

BELTSS	appropriation item 490627, Board of Executives of Long-Term Care Services and Supports, to be used to administer and enforce the Nursing Home Administrators law and rules adopted under it.			
AGECD16 ALW and PASSPORT PAYment Rates	No Provision	Increases each 2.7% in FY 20 and 2.7% higher than the rates in place in FY 20 for FY 21 (\$4 million state share)		
AGECD13 Home Delivered Meals Under PASSPORT	No Provision	Increases \$7.19 per meal delivered daily and \$6.99 per meal delivered weekly by a volunteer and \$6.50 per meal delivered weekly by a carrier		

Ohio Department of Medicaid

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MCMD30 Repeals Office of Health Transformation	R.C. 191.01, 191.02, 191.04, 191.06, 191.08-191.10 (all repealed), 103.41, 3701.36, 3701.68, 3701.95, 3798.01, 3798.10, 3798.14-3798.16, 5101.061, 5162.12, 5164.01 Repeals statutes that establish duties for the Office of Health Transformation. Removes all other references to the Office of Health Transformation from the Revised Code. Fiscal effect: Reduces OBM expenditures by \$0.5 million per year, of which approximately half are GRF savings. The remaining savings are attributed to Fund 3CM0, Medicaid Agency Transition, which the bill abolishes and transfers the remaining balance into Fund 3B10, Community Medicaid Expansion.	Same		
	R.C. 5162.01, Repealed: 5162.58, 5162.60, 5162.62			

	Abolishes the following funds: (1) The Integrated Care Delivery Systems Fund; (2) The Medicaid Administrative Reimbursement Fund; and (3) The Managed Care Performance Payment Fund.			
MCDCD19 Suspension of Medicaid provider agreements	RC 5164.36, 5164.37 (repealed and new enact), 5164.38 Generally conforms the terms and procedures for suspending a Medicaid provider agreement because of a disqualifying indictment to those for suspending a provider agreement because of a credible allegation of fraud. Requires, with certain exceptions, that the provider agreement of a hospital, nursing facility, or ICF/IID be suspended when a disqualifying indictment is issued against the provider or the providers officer, authorized agent, associate, manager, or employee. Requires, with certain exceptions, that the provider agreement of an independent provider be suspended when an indictment charges the provider with a felony or misdemeanor regarding furnishing or billing for Medicaid services or performing related management or administrative services. Requires that all Medicaid payments for services rendered be suspended, regardless of the date of service, when the provider agreement is suspended because of a credible allegation of fraud or disqualifying indictment. Permits ODM to suspend, without prior notice, a provider agreement and all Medicaid payments to the provider if there is evidence that the provider presents a danger of immediate of serious harm to the health, safety, or welfare of Medicaid recipients.	No provision		

MCDLCD39 Automatic Authorized Rep	No provision	RC 5160.48,5160.01 Specifies that, for an applicant for medical assistance who resides in a nursing facility or residential care facility that participates in the AL program, the facility will be automatically designated as the individual's primary authorized representative at the time of the application for medical assistance, which permits the county department of job and family services to communicate with the facility regarding the application, as provided under existing law.		
MCDLCD45 Presumptive Eligibility	No Provision	Industry Amendment		
MCDC 19 Suspension of Medicaid Provider Agreements		No provision		
MCDLCD 34 Non emergency transportation	No provision	RC 5164.891 Requires ODM to permit each board of county commissioners to choose whether to participate in state-based non emergency medical transportation brokerage program under the Medicaid program or to continue to be responsible for coordinating such services for Medicaid recipients residing in		
MCDLCD 21 Nursing Facility payment rates	5165.01, 5165.15-5165.17, 5165.19, 5165.21, 5165.25, 5165.361 (repealed) R.C. Provides for the total per Medicaid day payment rate to be \$115 for nursing facility services provided to low resource utilization residents regardless of whether the nursing facility cooperates with the Long-Term Care Ombudsman Program in efforts to help	All the Same as Executive, but adds: Quality incentive payment under the Medicaid program beginning with FY 2021(\$53 M across all line items)		

	<p>those residents receive the services that are most appropriate for their level of care needs.</p> <p>Revises the law governing the quality payments that nursing facilities earn under the Medicaid Program for satisfying quality indicators.</p> <p>Repeals provisions of law that do the following:</p> <p>(1) Provide for adjustments in nursing facility Medicaid rates beginning in state FY 2020 in an amount that equals the difference between the Medicare skilled nursing facility market basket index and a budget reduction adjustment factor.</p> <p>(2) State the General Assembly's intent to enact laws that specify the budget reduction adjustment factor for each state fiscal year.</p> <p>(3) Set the budget reduction adjustment factor at zero for a state fiscal year if the General Assembly fails to enact a law specifying the budget reduction adjustment factor for that year.</p> <p>Fiscal effect: Eliminating the Medicare market-basket index from the calculation of nursing facility per diem rates will decrease GRF spending by \$74.8 million (\$27.7 million state share) in FY 2020 and by \$164.8 million (\$61.0 million state share) in FY 2021.</p>			
MCD47 Special Focus Facility Program	No provision	RC 5166.771 (Repealed), 5165.80 Eliminates a requirement for ODM to terminate a nursing facility's Medicaid participation for reasons related to the facility's placement on the federal Special Focus Facility Program.		
MCD38 Medicaid waiver to address social determinants of	No provision	RC 5166.42 Requires the Medicaid Director to establish a Medicaid Waiver component that addresses social determinants of health including housing, transportation, food interpersonal safety and		

health		toxic stress		
MCDC 12 Non-emergency medical transportation	Section: 333.130 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 federal fund 3F01 appropriation item 655624, Medicaid Program Support - Federal, in the ODJFS budget. Requires the ODM Director to transmit federal funds it receives for the transaction to Fund 3F01, used by ODJFS.	Same as Executive		
MCDCD 31 Medicaid managed care requirements for home health	No Provision	RC 5167.22, 5167.221, 5167.01 Prohibits a Medicaid managed care organization from initiating a recoupment of an overpayment made to a home health agency later than one year after the payment was made. Requires a Medicaid managed care organization to provide a home health agency all of the details of a recoupment. Prohibits a Medicaid managed care organization from requiring a recipient to obtain prior authorization for the first 10 days of a home health service if a physician, nursing facility or hospital referred the recipient.		
MCDCD15 Areas on Aging Managed Care	Section: 333.190 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 2020-FY			

	2021 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 MCOs to delegate to the agencies full-care coordination functions for those services and other health-care services those individuals and that group receive; and (2) Give preference, when selecting MCOs to contract with, organizations that will enter into subcapitation arrangements with area agencies on aging under which the agencies are to perform, in addition to other functions, certain network management and payment functions.			
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Ohio Department of Health

Provision	Executive/As Introduced	House Budget	Senate Budget	Conference Committee
DOHCD5 Training Centers for NH employees	R.C. 3721.41, 3721.42 (both repealed) Repeals the law requiring ODH to establish and supervise centers for training nursing home employees and to contract with other entities to operate those centers.	Same as Executive		
DOHCD51 Nursing facility survey and certification	No provision	R.C. 3721.022, 3721.027, 5165.69 No provision. Establishes requirements regarding reviews of deficiencies found in the survey and certification processes for skilled nursing facilities and nursing facilities. No provision. Requires the Director of ODH to establish a program that addresses various training and education issues related to skilled nursing facilities and nursing facilities. No provision. Eliminates a requirement that ODH, within ten		

		working days and in accordance with procedures and criteria to be established by ODH and the Department of Aging, investigate		
DOHCD53 License requirements for nursing homes	No provision	R.C. 3721.026 No provision. Establishes additional license requirements for a nursing home for which the operation has been assigned or transferred to a different person. Fiscal effect: ODH may experience an increase in costs to review additional required documentation prior to issuing a license to operate.		
DOHCD52 Nursing Home overhead paging	No provision	R.C. 3721.072 (repealed) No provision. Eliminates a requirement that nursing homes participate in advance care planning with each resident or their sponsors. No provision. Eliminates a requirement that each nursing home prohibit the use of overhead paging except for matters of urgent public safety or urgent clinical operations. Fiscal effect: None.		

