

## Executive

## In House Finance

Eligibility

## MCD40 Hospital presumptive eligibility

No provision.

R.C. 5163.102

By January 1, 2026, requires ODM to submit a waiver request to CMS to eliminate mandatory Medicaid hospital presumptive eligibility and limit presumptive eligibility determinations to only pregnant women and children.

No provision.

Requires that the waiver request include a program by which ODM sets presumptive eligibility standards for qualified hospitals and establishes penalties for failure to meet them.

No provision.

Requires ODM to submit a new waiver request within 24 months of any denial or waiver withdrawal.

No provision.

Prohibits ODM from designating itself as a qualified health entity for presumptive eligibility determinations or any other purpose not expressly authorized by state or federal law.

No provision.

Not later than 90 days after receiving waiver approval from CMS, requires the Auditor of State to conduct an audit to ensure compliance with these requirements.

**Fiscal effect: ODM will incur administrative expenses to prepare and apply for the specified waiver. Conditional on waiver approval, ODM and the Auditor of State would incur expenses related to the subsequent audit. Also conditional on waiver approval, ODM may then experience decreases in service costs if fewer individuals receive coverage as a result of the new presumptive eligibility procedures.**

Executive

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**MCD47 Medicaid change in circumstances eligibility verification**

**R.C. 5163.50**

No provision.

Requires ODM or its designee, not later than 30 days after the bill's effective date, to begin utilizing third-party data sources and systems to conduct eligibility change in circumstances checks for all Medicaid recipients at least quarterly; details the types of data sources and systems against which eligibility must be verified.

No provision.

Requires ODM to disenroll individuals found to be no longer eligible for Medicaid benefits.

No provision.

Requires ODM to submit a report to the JMOC Executive Director not later than December 31, 2025, and every six months thereafter, detailing verification efforts and any findings of fraud, waste, and abuse in the Medicaid program.

No provision.

Permits ODM to employ a similar process for determining whether members of the expansion eligibility group (Group VIII) are complying with any established work and community engagement requirements.

No provision.

Authorizes Medicaid providers to employ similar processes to verify an individual's eligibility for Medicaid benefits.

No provision.

Specifies that any third-party vendor expenses incurred from the required verification are contingent on validated cost savings realized by ODM.

**Fiscal effect: Third-party costs and validated savings may offset. Dependent on outcome of the program, ODM may experience further administrative costs, and/or experience service savings.**

**MCD41 Continuous Medicaid enrollment for children**

**R.C. 5166.45, (Repealed)**

No provision.

Eliminates a provision of law that requires ODM to seek approval to provide continuous Medicaid enrollment for Medicaid-eligible children from birth through age three.

**Fiscal effect: Possible service cost savings.**

Executive

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MCD58 Group VIII transition plan

No provision.

Section: 333.360

If, during FY 2026 or FY 2027, the FMAP for the Medicaid Group VIII is set below 90%, requires ODM to establish a phased transition plan to assist individuals who are no longer Medicaid eligible by redirecting them to private insurance subsidies or charity care programs that provide medical assistance. (See OBMCD32).

No provision.

Permits the ODM Director to establish a temporary hospital assessment to offset the cost of uncompensated care that may result from providing medical care to former members of Group VIII.

No provision.

If the ODM Director establishes such a temporary hospital assessment, permits the Director to request Controlling Board approval of transfers and increases of appropriations as necessary to implement the assessment. Appropriates any approved amounts.

**Fiscal effect: Costs would be highly variable, and dependent on whether FMAP is ever set below 90%, and in this contingent scenario, whether the ODM Director does or does not establish a temporary hospital assessment.**

Nursing Facilities

MCD1 Waiver of ineligibility period for nursing facility services

R.C. 5163.30

Permits, rather than requires, ODM to grant a waiver to a resident of a nursing facility who is ineligible to receive nursing facility services due to the individual or individual's spouse disposing of assets for less than fair market value, if the administrator of the nursing facility has notified the individual of a proposed transfer or discharge from the facility due to failure to pay for services and the transfer or discharge has been upheld by a final determination.

R.C. 5163.30

Same as the Executive.

**Fiscal effect: Potential decrease in nursing facility costs.**

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

## Executive

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## MCD64 Medicaid personal needs allowance

R.C. 5163.33

No provision.

Increases the minimum Medicaid personal needs allowance from \$50 to \$75 for individuals and from \$100 to \$150 for married couples.

**Fiscal effect: Although the Executive did not change the minimum, it included appropriations to administratively increase the allowance for individuals to \$100 and for couples to \$200 beginning in 2026. The House decreases GRF ALI 651525, Medicaid Health Care Services, by \$5,475,000 (\$1,581,728 state share) in FY 2026 and \$21,900,000 (\$6,230,550 state share) in FY 2027.**

## MCD65 Private room incentive payments

R.C. 5165.158

No provision.

Regarding the private room incentive rate paid to nursing facilities for private occupancy rooms, removes: (1) outdated terms related to the initial CMS approval and ODM initial application process, and (2) a provision permitting ODM to deny an application if expenditures on the private room payments are projected to exceed \$160 million in a fiscal year.

No provision.

Instead, (1) permits ODM to deny an application if the application would cause the total number of private rooms in the state to exceed 5,000 and (2) prohibits ODM from paying the private room incentive payment rate for more than 5,000 rooms.

**Fiscal effect: Depending on number of approved private rooms as of the effective date, possible service savings if spending is further below the previous cap.**

Executive

In House Finance

**MCDCD9 Case-mix score grouper methodology for nursing facilities**

**R.C. 5165.192**

When determining a case-mix value for a nursing facility, requires ODM to use the grouper methodology used on October 1, 2019, for the patient driven payment model nursing index, by the U.S. Department of Health and Human Services (HHS) for prospective payments of skilled nursing facilities under the Medicare program, instead of the grouper methodology used on June 30, 1999.

Eliminates ODM's authority to adopt rules concerning case-mix scores that do the following:

Adjust case-mix values to reflect changes in relative wage differentials that are specific to Ohio.

Express case-mix values in numeric terms that are different from the terms specified by HHS but do not alter the relationship of case-mix values to one another.

Modify the grouper methodology by either (1) establishing a different hierarchy for assigning residents to case-mix categories under the methodology or (2) allowing the use of the index maximizer element of the methodology.

**Fiscal effect: Depending on the case-mix scores nursing facilities possess, may lead to cost increases for ODM if adhering to the new methodologies increases nursing facility reimbursements.**

**R.C. 5165.192**

Same as the Executive.

Same as the Executive.

Same as the Executive.

Same as the Executive.

Same as the Executive.

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

Executive

In House Finance

**MCD10 Nursing facility quality incentive payment**

**R.C. 5165.26**

Eliminates provisions of law that specify that if a nursing facility undergoes a change of owner on July 1, 2023, or later, the facility is ineligible to receive a Medicaid quality incentive payment until the earlier of the Jan 1 or the July 1 that is at least six months after the effective date of the change of owner, if within one year after the change of owner, there is an increase in the lease payments or other financial obligations of the operator to the owner above the payments or obligations specified by the agreement between the previous owner and the operator.

Specifies that if a nursing facility undergoes a change of operator with an effective date of July 1, 2025 (changed from July 1, 2023) or later, the facility is not eligible to receive a quality incentive payment until the earlier of Jan 1 or July 1 that is at least six months after the effective date of the change of operator.

**Fiscal effect: By removing a limitation that delayed payment for some owners, ODM might experience a cost increase in quality incentive payments to nursing facilities meeting the specified conditions.**

**R.C. 5165.26**

Same as the Executive.

Same as the Executive.

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

**MCD59 Nursing facility dialysis services rate add-on**

No provision.

**Section: 333.263**

For FY 2026 and FY 2027, requires ODM to provide a rate add-on of \$110 per treatment for dialysis services provided in a nursing facility to an individual enrolled in the Medicaid program.

**Fiscal effect: Increases GRF ALI 651525, Medicaid Health Care Services, by \$700,000 (\$194,600 state share) in FY 2026 and \$1,400,000 (\$386,260 state share) in FY 2027.**

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**MCD36 Gradual implementation of PDPM to calculate nursing facility direct care rates**

Section: 333.280

Provides for a gradual implementation of the PDPM nursing facility rate. Specifies that the rate will increase or decrease by one third on January 1, 2026, and by two thirds at the beginning of FY 2027, before being determined by its case mix scores set in statute going forward.

**Fiscal effect: As the implementation of the PDPM is made gradual, ODM will have cost increases or decreases gradually scaled in through the end of FY 2027.**

Section: 333.280

Same as the Executive.

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

Provider Payment Rates

**MCD26 Medicaid payment rates for community behavioral health services**

Section: 333.170

Permits ODM to establish Medicaid payment rates for community behavioral health services provided during FY 2026 and FY 2027 that exceed authorized rates paid for the services under the Medicare Program.

Specifies that this provision does not apply to community behavioral health services provided by hospitals, nursing facilities, and intermediate care facilities for individuals with intellectual disabilities.

**Fiscal effect: Any impact will depend on whether ODM chooses to pay these amounts. If ODM chooses to pay higher amounts, this would lead to cost increases.**

No provision.

No provision.

Medicaid Providers

**MCD62 Doula services**

No provision.

R.C. 5164.071

Limits Medicaid coverage of doula services to the six counties with the highest infant mortality rates, and limits total payments for doula services to \$500,000 per fiscal year.

**Fiscal effect: Limits ODM's doula payment to \$500,000 per fiscal year.**

Executive

In House Finance

**MCD854 Medicaid provider payment rates - private insurer median rate**

No provision.

**R.C. 5164.302**

Prohibits a Medicaid provider from seeking to be paid for a service at a rate greater than the median rate paid by private insurers for the same service.

No provision.

Establishes penalties for violating this prohibition of: (1) reduced payment rates for future services; and, (2) a review by the ODM Director of all prior payment claims for discrepancies.

**Fiscal effect: Possible service savings, to the extent providers violate these provisions and are subsequently caught and punished according to these provisions.**

**MCD808 340B grantees**

**R.C. 5167.01, 5167.123, 3902.70, and 4729.49**

Regarding the interaction between Medicaid MCOs, third-party administrators, and 340B covered entities, removes certain hospitals from the list of entities included as a 340B covered entity for purposes of these interactions and instead refers to these entities as 340B grantees.

No provision.

Modifies a prohibition against a contract between a Medicaid MCO, third-party administrator, and 340B grantee to prohibit including a payment rate for a prescribed drug provided by a 340B grantee that is less than the payment rate for health care providers that are not 340B grantees (instead of a payment rate for a prescribed drug that is less than the national average drug acquisition cost for the drug or wholesale acquisition cost for the drug).

No provision.

Requires a Medicaid MCO or third-party administrator to provide a payment rate for all prescribed drugs obtained through the federal 340B drug pricing program by providers that are not 340B grantees that is equal to the payment rate for those drugs under the Medicaid state plan.

No provision.

Specifies that payments made under payment rates specified in a contract between Medicaid MCOs, third-party administrators, and a 340B grantee are subject to audit by ODM.

No provision.



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**Fiscal effect:** The program changes would be expected to increase drug rebate revenues in FY 2027. As a result, appropriations in DPF ALI 651639, Medicaid Services - Recoveries (an ALI funded by drug rebate revenues), are increased by \$95,211,545, which will receive federal match of \$239,451,179 in FED ALI 651623 Medicaid Services - Federal. These funds are proposed to be used as non-GRF offset, leading to decreased GRF spending in GRF ALI 651525, Medicaid Health Care Services, of \$334,662,724 (\$95,211,545 state share) in FY 2027.

**Fiscal effect:** Removal of Executive-added provisions expected to increase drug rebate revenues in FY 2027 lead to undoing of proposed increases in non-GRF spending and decrease in GRF spending. Resulting changes in FY 2027 are: an increase in GRF ALI 651525, Medicaid Health Care Services, by \$334,662,724 (\$95,211,545 state share); a decrease in DPF ALI 651639, Medicaid Services - Recoveries, by \$95,211,545; and, a decrease in FED ALI 651623, Medicaid Services - Federal, by \$239,451,179.

Special Programs

**MCD60 Medicaid fraud restitution**

No provision.

R.C. 2913.401

Permits a court to order restitution of 200% of the amount paid for Medicaid services provided for a person found guilty of Medicaid eligibility fraud.

**Fiscal effect: Possible increased revenue for ODM.**

**MCD11 Medicaid buy-in for workers with disabilities program premiums**

R.C. 5162.133, 5163.091, 5163.093, 5163.094, 5163.098

Eliminates the requirement that individuals whose income exceeds 150% FPL pay an annual premium as a condition of qualifying for the Medicaid buy-in for workers with disabilities program.

No provision.

R.C. 5162.133, 5163.091, 5163.093, 5163.094, 5163.098

Same as the Executive.

When determining eligibility for the Medicaid buy-in for workers with disabilities program or the Ohio WorkAbility program, requires that \$20,000 of an individual's unearned income be disregarded.

**Fiscal effect:** ODM will no longer realize revenues from the premiums that used to be paid by individuals with incomes sufficiently above the FPL.

**Fiscal effect:** Same as the Executive, and additionally ODM could experience an increase in individuals eligible for the program due to the unearned income disregard.

Executive

In House Finance

**MCD77 Requirements for certain Medicaid state directed payment programs**

**R.C. 5162.25**

Establishes conditions that must be satisfied upon the creation of a Medicaid state directed payment program that is funded in a manner other than by ODM or the hospital franchise fee program.

Requires a state directed payment program to comply with federal regulations for such programs.

Generally limits state directed payment programs that are not funded by ODM or the hospital franchise fee program to those established for hospital providers and services or professional services provided by hospitals, and to one state directed payment program per identified provider class, unless otherwise determined by the ODM Director.

Specifies that the ODM Director is not required to establish a state directed payment program if there is no available or sufficient federal or local funding to sustain the program.

No provision.

**Fiscal effect: The non-federal share of such a program will be funded by specific assessments rather than the GRF.**

**R.C. 5162.25**

Same as the Executive.

Same as the Executive.

Same as the Executive.

Same as the Executive.

Requires that any new directed payment program be approved by the Joint Medicaid Oversight Committee before it is established.

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

**MCD42 Medicaid waiver for reentry services**

No provision.

No provision.

No provision.

**R.C. 5166.50**

Requires ODM to establish a Medicaid waiver component to do both of the following:

Provide mental health, behavioral health, and substance use disorder services to Medicaid-eligible inmates who are within 90 days of release.

Provide a thirty-day supply of prescription medication at the time of release, including medication administered by injection.

**Fiscal effect: ODM will likely incur both administrative and service expenses related to the new required services and coverages.**

Executive

In House Finance

**MCD61 Medicaid audit of Medicaid MCOs**

No provision.

**R.C. 5167.25**

Requires ODM to conduct an annual financial audit of each Medicaid MCO and submit a report to the General Assembly and JMOC concerning these audits.

**Fiscal effect: ODM will incur annual administrative expenses to conduct the audits.**

**MCD50 Medicaid in schools program**

No provision.

**Section: 333.15**

Earmarks \$349,925 in each of GRF ALI 651425, Medicaid Program Support - State, and FED Fund 3F00 ALI 651624, Medicaid Program Support - Federal, in FY 2026 and \$358,362 in each of the same line items in FY 2027 to be used by ODM to support the Medicaid School Program.

**Fiscal effect: The program is to be moved from DEW to MCD (see EDUCD65). ALIs 651425 and 651624 are increased by the earmarked amounts in each fiscal year, and FED ALI 651655, is decreased by \$349,925 in FY 2026 and \$358,362 in FY 2027 to accommodate this move.**

**MCD21 Health Insuring Corporation Class Franchise Fee**

**Section: 333.120**

Permits the OBM Director, at the request of the ODM Director, to authorize expenditures from the Health Insuring Corporation Class Franchise Fee Fund (Fund 5TN0) in excess of the amounts appropriated if receipts credited to the fund exceed appropriations. Requires the OBM Director to adjust the federal ALI identified by the ODM Director if additional amounts are authorized. Appropriates any authorized amounts and corresponding federal adjustments.

**Section: 333.120**

Same as the Executive.

Executive

In House Finance

**MCD22 Hospital Care Assurance Match**

**Section: 333.130**

Permits the OBM Director, at the request of the ODM Director, to authorize additional expenditures from the Health Care Federal Fund (Fund 3F00) if receipts credited to the fund exceed the amounts appropriated for making the HCAP distribution. Appropriates any authorized amounts.

Requires that DPF Fund 6510 ALI 651649, Medicaid Services – Health Care Assurance Program, be used by ODM for distributing the state share of all HCAP funds to hospitals. Permits the OBM Director, at the request of the ODM Director, to authorize additional expenditures from the Hospital Care Assurance Program Fund (Fund 6510) if receipts credited to the fund exceed the amounts appropriated for the HCAP distributions. Appropriates any authorized amounts.

**Section: 333.130**

Same as the Executive.

Same as the Executive.

**MCD23 Hospital Additional Payments Program**

**Section: 333.140**

Establishes the Hospital Additional Payments Program for inpatient and outpatient hospital services provided to enrollees in the Medicaid care management system at in-state hospitals.

Permits the non-federal share of services under this program to be funded through the Hospital Franchise Fee, and requires fees for this program to be deposited into the Medicaid Hospital Fund (Fund 5GF0).

Requires that the state share of this program come from deposits attributable to the incremental franchise fee increase for the program, and requires that the corresponding federal share in FED Fund 3F00 ALI 651623, Medicaid Services - Federal, be used for the Hospital Additional Payments Program.

**Fiscal effect: The program is designed to generate the non-federal share from the incremental increase to the Hospital Franchise Fee, so there are not anticipated new costs to the GRF.**

**Section: 333.140**

Same as the Executive.

Same as the Executive.

Same as the Executive.

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

## Executive

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**MCD33 MyCare Ohio expansion****Section: 333.250**

Requires the ODM Director to continue, during FY 2026 and FY 2027, to expand the Integrated Care Delivery System (known as "MyCare Ohio"), or its successor program, to all Ohio counties.

Requires ODM to establish requirements for care management and coordination of waiver services, subject to certain requirements (such as employing area agencies on aging to be the coordinators of those services) unless requested by the waiver participant or ODM determines that the performance of the area agency on aging does not meet program requirements.

**Fiscal effect: Federal approval would be required prior to fiscal effects occurring. Post expansion of the MyCare program, there may be cost shifting due to increased MyCare enrollment.**

**Section: 333.250**

Same as the Executive.

Same as the Executive.

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

**MCD35 HCBS direct care worker wages****Section: 333.270**

Requires ODM, jointly with ODA and DODD, to collect data from providers regarding the wages paid to direct care workers under the Medicaid home and community-based waiver components administered by each agency. Requires ODM to compile and submit to the Governor an annual report on this data.

**Fiscal effect: The departments will likely incur administrative costs to collect, compile, and submit the data and report.**

**Section: 333.270**

Same as the Executive.

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

**MCD37 Rural Southern Ohio Hospital Tax Pilot Program and Assessments****Section: 333.290, 333.300**

Permits the ODM Director to establish the Rural Southern Ohio Hospital Tax Pilot Program for directed payments to rural southern Ohio hospitals.

Establishes requirements that a hospital must satisfy in order to participate in the pilot program.

**Section: 333.290, 333.300**

Same as the Executive.

Same as the Executive.

**Executive**

**In House Finance**

Permits counties in which the pilot program is to operate to establish a local hospital assessment to provide the nonfederal share of Medicaid payments made under the pilot program.

Same as the Executive.

**Fiscal effect: The non-federal share of the program will be funded by assessments on local hospitals, so would not affect the GRF.**

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

**MCD43 Medicaid Workforce development study**

No provision.

**Section: 751.20**

Requires ODM to conduct a comprehensive study on the feasibility, legality, and potential cost savings of establishing a Medicaid waiver component that establishes work requirements for Medicaid recipients and includes additional supplemental workforce development requirements.

No provision.

Requires the ODM Director, by September 1, 2026, to prepare and submit a report to the Governor, House Speaker, Senate President, and chairpersons of the House and Senate finance committees detailing ODM's findings and any policy recommendations.

**Fiscal effect: Possible administrative costs.**

**General**

**MCD57 JMOC projected medical inflation rate**

No provision.

**R.C. 103.414**

Requires the ODM Director to enter into a data sharing agreement between JMOC's Executive Director, JMOC's actuary, and ODM, and additionally make ODM staff and actuaries readily available to JMOC and the JMOC actuary to assist in the determination of the projected medical inflation rate for a fiscal biennium.

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No provision.

Requires the ODM Director to provide any information requested by JMOC, JMOC's Executive Director, or the actuary in a timely manner and in accordance with any deadlines established by JMOC, in the same role as an auditee when being audited by the Auditor of State.

No provision.

Prohibits the ODM Director, an employee of ODM, and any entity under contract with ODM from hindering, obstructing, or interfering with JMOC, JMOC's Executive Director, or the actuary in determining the projected medical inflation rate.

**Fiscal effect: Possible administrative costs.**

**MCD56 ODM file sharing with JMOC actuary**

**R.C. 103.417, 103.41**

No provision.

Requires ODM, beginning on October 1, 2025, and every six months thereafter, to share specified information files from the six-month period immediately preceding the date of submission with the JMOC contracted actuary.

**Fiscal effect: Possible administrative costs.**

**MCD52 Medicaid separate GRF appropriation items**

**R.C. 126.024**

No provision.

Requires the OBM Director, in consultation with the ODM Director, to request and propose multiple Medicaid Health Care Services GRF ALIs in subsequent state budgets.

No provision.

Specifies that, at a minimum, a separate GRF ALI be proposed for each of the following Medicaid services: (1) services provided under the care management system; (2) nursing facility services; (3) hospital services; (4) behavioral health services; (5) services provided under Medicaid waiver components administered by DOA; (6) prescription drug services; (7) physician services; (8) services provided under the Ohio home care waiver program; and (9) any other Medicaid health care services that the directors determine should have its own GRF ALI.

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**MCDCD39 Hospital Care Assurance Program and franchise permit fee**

R.C. 610.10

Eliminates the sunset of the Hospital Care Assurance Program and franchise permit fee, which were set to sunset on October 1, 2025.

**Fiscal effect: The programs not sunseting will maintain current Hospital Care Assurance Program and franchise permit fee activities, and continue their associated costs and revenues in the future.**

R.C. 610.10

Same as the Executive.

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

**MCDCD4 Right of recovery for cost of medical assistance**

R.C. 5160.37

Permits an individual who was a recipient of medical assistance and repaid money to ODM or a CDJFS pursuant to a right of recovery between April 6, 2007, and September 28, 2007, to request a hearing regarding those payments within 180 days.

Authorizes any of the following to request a hearing: (1) a medical assistance recipient; (2) a medical assistance recipient's authorized representative; (3) the executor or administrator of a medical assistance recipient's estate authorized to make or pursue a request; (4) a court-appointed guardian; and (5) an attorney who has been directly retained by the medical assistance recipient, or the recipient's parent, legal guardian, or court-appointed guardian.

**Fiscal effect: ODM will incur administrative costs related to participating in any requested hearings.**

R.C. 5160.37

Same as the Executive.

Same as the Executive.

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

**MCDCD44 Residential facilities**

No provision.

R.C. 5160.53

Requires ODM to publish a directory of all residential facilities licensed by DBH on ODM's web site.

**Fiscal effect: Minimal administrative costs.**



## Executive

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**MCD49 ODM quarterly Medicaid statement of expenditures form**

No provision.

**R.C. 5162.14**

Requires the ODM Director to immediately provide notice to (1) the House Speaker and Senate President, (2) the JMOC Executive Director, and (3) the relevant chairpersons of the relevant standing committees in both the House and Senate if CMS takes certain actions related to the Quarterly Medicaid Statement of Expenditures Form (CMS-64 Form) submitted by ODM, including if CMS determines the form has a variance of 8% or more.

**Fiscal effect: Possible administrative costs.**

**MCD55 Medicaid administrative reporting to JMOC**

No provision.

**R.C. 5162.17**

Requires ODM to submit a report to JMOC and the JMOC Executive Director on September 1 of each year that provides specified details about state agencies' budgeted, actual, and forecasted number of full-time equivalent employees and related expenditures.

**Fiscal effect: Possible administrative costs.**

**MCD2 Medicaid coverage of aged, blind, and disabled individuals**

**R.C. 5163.03, 5163.05 (repealed)**

Eliminates an outdated provision of law that specifies (1) that the Medicaid program's eligibility requirements for individuals in the aged, blind, and disabled population group may be more restrictive than the eligibility requirements for the Supplemental Security Income Program and (2) that any more restrictive eligibility requirements must be consistent with the 209(b) option provided for under federal law.

**Fiscal effect: None - the eliminated provision has not been in effect since 2016.**

**R.C. 5163.03, 5163.05 (repealed)**

Same as the Executive.

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

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**MCDCD3 Exemption from adjudication**

**R.C. 5164.38**

Exempts ODM from being required to conduct an adjudication in accordance with the Administrative Procedure Act, and subjects providers to existing reconsideration procedures instead, under the following circumstances:

- (1) When a Medicaid provider agreement requires the provider to hold a license, permit, or certificate and it is inactive by any means or has been surrendered, withdrawn, retired, or otherwise restricted.
- (2) When a provider's application for a provider agreement is denied or the provider agreement is terminated or not revalidated because a license, permit, or certificate is inactive by any means.

**Fiscal effect: Potential decreases in administrative costs, due to the exemption from conducting adjudications.**

**R.C. 5164.38**

Same as the Executive.

Same as the Executive.

Same as the Executive.

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

**MCDCD48 Electronic visit verification system**

No provision.

**R.C. 5164.451**

Establishes duties on, and grants authority to, ODM and Medicaid managed care organizations (MCOs) in the event the ODM Director establishes an electronic visit verification (EVV) system in rule, including the following:

No provision.

(1) Requires ODM to provide education and technical assistance to Medicaid providers to aid them in complying with the EVV system.

No provision.

(2) Authorizes ODM and Medicaid MCOs to use information from the EVV system to conduct post-payment reviews of submitted claims to determine whether the visits for which claims were submitted did occur.

No provision.

(3) Requires ODM and Medicaid MCOs, during a post-payment review, to grant a Medicaid provider an opportunity to submit other documentation or evidence to demonstrate that the visit occurred.

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No provision.

(4) Allows ODM and Medicaid MCOs to recover amounts paid on claims if it is determined, following post-payment reviews, that the visits did not occur.

No provision.

(5) Requires payment recoveries to be conducted in accordance with Ohio's Administrative Procedure Act.

**Fiscal effect: Possible administrative costs to comply with the provisions, and possible service savings if the EVV is implemented and leads to increased recoveries in accordance with these changes.**

**MCDCD6 ICDS successor program in the care management system**

**R.C. 5167.01, 5167.03**

**R.C. 5167.01, 5167.03**

Permits ODM to include a Fully Integrated Dual Eligible Special Needs Plan established in accordance with federal law as a replacement for the Integrated Care Delivery System in the Medicaid care management system.

Same as the Executive.

**Fiscal effect: Minimal costs expected, due to the permissive nature of the replacement program.**

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

**MCDCD53 Automatic enrollment in Medicaid MCO plan**

**R.C. 5167.03**

No provision.

Permits individuals participating in the Medicaid program to enroll in the Medicaid MCO plan of their choosing.

No provision.

If an individual does not select a Medicaid MCO plan in which to enroll, requires ODM to randomly assign the individual to a Medicaid MCO plan without giving preference to a specific MCO plan or group of plans.

No provision.

Requires ODM to notify the General Assembly, the JMOC Executive Director, and the Auditor of State within 30 days if it determines that it can not satisfy the above requirements, and include an explanation as to why the requirements cannot be satisfied.

**Fiscal effect: Minimal.**

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**MCDCD46 Medicaid MCO data cross checks**

No provision.

**R.C. 5167.104**

Under the terms of a contract entered into between ODM and a Medicaid MCO, requires the MCO to conduct internal cross checks of its data systems for specified information related to Medicaid enrollees assigned to the MCO.

**Fiscal effect: Possible administrative costs.**

**MCDCD5 Appeal of hospital assessment or audit**

**R.C. 5168.08, 5168.11, 5168.22**

Specifies that a final reconciliation of an annual hospital assessment constitutes an interim final order.

**R.C. 5168.08, 5168.11, 5168.22**

Same as the Executive.

Specifies that a hospital requesting reconsideration of a preliminary determination of its assessment may submit its written materials to ODM by regular mail, email, or in-person delivery.

Same as the Executive.

Eliminates law requiring ODM to hold a public hearing if one or more hospitals request a reconsideration of the preliminary determination of their assessments.

Same as the Executive.

When a hospital appeals a final determination of its annual assessment, specifies that the complete record of the proceedings includes all documentation considered by ODM in issuing the final determination.

Same as the Executive.

Eliminates the ability of a hospital to appeal to ODM the results of an audit conducted by ODM that determines the hospital overpaid or underpaid and instead specifies that seeking a declaratory judgment is the exclusive remedy available to a hospital.

Same as the Executive.

If a hospital seeks a declaratory judgment, requires it to deposit any funds that are not in dispute into the Hospital Care Assurance Program Fund while judicial proceedings are pending.

Same as the Executive.

**Fiscal effect: Administrative costs to comply with the new provisions.**

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

## Executive

## In House Finance

**MCD29 Public assistance for eligibility determinations****Section: 333.200**

Permits up to \$5,000,000 in each fiscal year from GRF ALI 655522, Medicaid Program Support - Local, in ODJFS, to be distributed based on performance criteria established by ODM. Allows performance-based amounts and transfer approval criteria to include application and renewal timeliness and accuracy.

No provision.

**MCD51 Re-establish prior authorization under Medicaid**

No provision.

**Section: 751.60**

Requires ODM to resume the prior authorization requirements for drugs, tests and diagnostic procedures, and medical procedures under the Medicaid program that were in effect at the end of FY 2024.

**Fiscal effect: ODM may experience administrative costs to resume the requirements, and may experience service savings if fewer drugs, tests, and procedures are approved as a result of the requirements.**

**MCD63 Private insurance outreach program**

No provision.

**Section: 751.80**

During FY 2027, requires ODM to establish an outreach program to assist Medicaid recipients to obtain private insurance.

**Fiscal effect: Possible administrative costs.**

**Appropriation Language****MCD45 Diversity equity and inclusion**

No provision.

**Section: 333.12**

To the extent permitted by federal law, prohibits Medicaid funds from being used for diversity, equity, and inclusion initiatives.

Executive

In House Finance

**MCDCD12 Lodging for families**

**Section: 333.30**

Earmarks \$2,500,000 in each fiscal year from GRF ALI 651525, Medicaid Health Care Services, to continue lodging as an administrative service affiliated with Ohio children's hospitals available for families with children who have special health care needs.

**Section: 333.30**

Same as the Executive.

**MCDCD13 Personal needs allowance support**

**Section: 333.40**

Permits the OBM Director, upon the request of the ODM Director, to transfer up to \$2,200,000 in FY 2026 and \$4,400,000 in FY 2027 from GRF ALI 651525, Medicaid Health Care Services, to appropriation items in DODD, for individuals living in ICFs/IIDs.

**Section: 333.40**

Same as the Executive.

**MCDCD14 Medicare Part D**

**Section: 333.50**

Permits GRF ALI 651526, Medicare Part D, to be used by ODM for the implementation and operation of the Medicare Part D requirements contained in the Medicare Prescription Drug, Improvement, and Modernization Act of 2003.

**Section: 333.50**

Same as the Executive.

Permits, upon the request of the ODM Director, the OBM Director to transfer the state share of appropriations between GRF ALI 651525, Medicaid Health Care Services, and GRF ALI 651526, Medicare Part D. Requires the OBM Director to adjust the federal share of ALI 651525 if said state share is adjusted, and requires ODM to notify the Controlling Board of any transfers of this type made.

Same as the Executive.

## Executive

## In House Finance

**MCDCD15 Work Community Engagement Program - county costs****Section: 333.70**

Permits the OBM Director, upon request of the ODM Director, to transfer state share appropriations in each fiscal year between GRF ALI 651525, Medicaid Health Care Services, used by ODM, and GRF ALI 655522, Medicaid Program Support - Local, used by ODJFS. Requires federal shares to be adjusted accordingly if such a transfer occurs.

Requires any increase to be provided to CDJFSs to be used only for costs related to transitioning to a new work and community engagement program under the Medicaid program. Prohibits funds from being used for existing and ongoing operating expenses.

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

**Section: 333.70**

Same as the Executive.

Same as the Executive.

Same as the Executive.

**MCDCD16 Deposits to the Health Care/Medicaid Support and Recoveries fund for program support****Section: 333.80**

Requires the ODM Director to deposit some portion of payments received for directed payment programs to the Health Care/Medicaid Support and Recoveries Fund (Fund 5DL0). Requires the OBM Director to adjust Fund 5DL0 ALI 651685, Medicaid Recoveries – Program Support, along with the corresponding federal share in Fund 3F00 ALI 651624, Medicaid Program Support – Federal, to align with these deposits made to Fund 5DL0, and appropriates any such adjustments.

**Section: 333.80**

Same as the Executive.

**MCDCD17 Deposits to the State Directed Payment Program Fund****Section: 333.85**

Requires transfers made for the Hospital Directed Payment Program to be deposited into the State Directed Payment Program Fund (Fund 5AN0).

Provides that the state share of the program comes from these transfers, and that the federal share comes from Fund 3F00 ALI 651623, Medicaid Services - Federal.

**Section: 333.85**

Same as the Executive.

Same as the Executive.

**Executive**

**In House Finance**

Permits the OBM Director to transfer any cash remaining in the Health Care/Medicaid Support and Recoveries Fund (Fund 5DL0) at the end of FY 2025 attributable to the Hospital Directed Payment Program to Fund 5AN0 to be used for the Hospital Directed Payment Program.

Same as the Executive.

If receipts credited to Fund 5AN0 exceed the amounts appropriated from the fund, permits the ODM Director to seek Controlling Board approval for excess expenditures, and both directs the OBM Director to adjust the federal appropriations in Fund 3F00 ALI 651623, Medicaid Services - Federal, and appropriates any approved amounts and associated adjustments.

Same as the Executive.

For the provision above, notwithstanding existing law capping Controlling Board releases of amounts greater than one-half of one per cent of the GRF appropriations for a given fiscal year.

No provision.

Requires the ODM Director to terminate the Hospital Directed Payment Program if funds available are insufficient to operate the program.

Same as the Executive.

**MCD18 Deposits to the Health Care/Medicaid Support and Recoveries Fund**

**Section: 333.90**

Requires the ODM Director to deposit into the Health Care/Medicaid Services Support and Recoveries Fund (Fund 5DL0), \$2,500,000 cash in each fiscal year from the first installment of assessments and intergovernmental transfers made under HCAP.

No provision.

**MCD19 Cash transfers from the Health Care/Medicaid Support and Recoveries Fund to the Behavioral Healthcare Fund**

**Section: 333.100**

Permits the OBM Director, upon request of the ODM Director, to transfer up to \$3,200,000 cash in each fiscal year from the Health Care/Medicaid Support and Recoveries Fund (Fund 5DL0) to the Behavioral Healthcare Fund (Fund 5AU0).

**Section: 333.100**

Same as the Executive, but changes the transfer amount to up to \$2,200,000 cash in each fiscal year.

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

Same as the Executive.



Executive

In House Finance

**MCD20 Hospital Franchise Fee program**

**Section: 333.110**

Permits the OBM Director to authorize additional expenditures from Fund 3F00 ALI 651623, Medicaid Services - Federal; GRF ALI 651525, Medicaid Health Care Services, and Fund 5GF0 ALI 651656, Medicaid Services - Hospital Franchise Fee, to implement the programs authorized by the law establishing the hospital franchise fee. Appropriates any authorized amounts.

**Section: 333.110**

Same as the Executive.

**MCD24 Refunds and Reconciliation Fund**

**Section: 333.150**

Permits the OBM Director, at the request of the ODM Director, to authorize additional expenditures from the Refunds and Reconciliation Fund (Fund R055) if receipts credited to the fund exceed the amounts appropriated. Appropriates any authorized amounts.

**Section: 333.150**

Same as the Executive.

**MCD25 Non-emergency medical transportation**

**Section: 333.160**

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

**Section: 333.160**

Same as the Executive.

## Executive

## In House Finance

**MCD27 Home and community based services appropriations - state****Section: 333.180**

Permits the OBM Director to authorize additional expenditures in Fund 5HC8 ALLs 651698, MCD Home and Community Based Services, 653698, DDD Home and Community Based Services, 652698, MHA Home and Community Based Services, 655698, JFS Home and Community Based Services, 659698, BOR Home and Community Based Services, and 656698, AGE Home and Community Based Services, conditional on the additional expenditures being offset by equal expenditure reductions in another of these identified ALLs.

No provision.

Stipulates that any additional expenditures be used in accordance with federal rules and comply with ODM's Medicaid state plan approved by the federal government. Appropriates any additional expenditures.

No provision.

**MCD28 Home and community based services appropriations - federal****Section: 333.190**

Permits the OBM Director to authorize additional expenditures in Fund 3HC8 ALLs 651699, MCD Home and Community Based Services – Federal, 653699, DDD Home and Community Based Services – Federal, 652699, MHA Home and Community Based Services – Federal, 655699, JFS Home and Community Based Services – Federal, and 659699, BOR Home and Community Based Services - Federal, and 656699, AGE Home and Community Based Services – Federal, conditional on the additional expenditures being offset by equal expenditure reductions in another of these identified line items.

No provision.

Stipulates that any additional expenditures be used in accordance with federal rules and comply with ODM's Medicaid state plan approved by the federal government. Appropriates any additional expenditures.

No provision.

**Executive**

**In House Finance**

**MCD30 Cash transfers from Franchise Permit Fee Fund to the Department of Health and the Department of Aging**

**Section: 333.210**

Permits the OBM Director, upon the request of the ODM Director, to transfer cash in each fiscal year from the Nursing Home Franchise Fee Fund (Fund 5R20) to the following funds:

\$5,000,000 to the Quality, Monitoring, and Inspection Fund (Fund 5B50) used by ODH;

\$11,885,000 to the Ombudsman Support Fund (Fund 5BA0) used by ODA.

Requires DOH and ODA to each submit a report at the end of each fiscal year on spending activities to OBM.

**Section: 333.210**

Same as the Executive, but makes the following change:

Same as the Executive.

Same as the Executive, but changes the permitted transfer amount to \$9,300,000.

Same as the Executive.

**MCD31 Medicaid interagency pass through**

**Section: 333.230**

Permits the ODM Director to request the OBM Director to increase ALI 651655, Medicaid Interagency Pass-Through. Appropriates any approved amounts.

**Section: 333.230**

Same as the Executive.

**MCD32 Medicaid services recoveries**

**Section: 333.240**

Permits the ODM Director to request the OBM Director to increase ALI 651639, Medicaid Services Recoveries. Appropriates any approved amounts.

**Section: 333.240**

Same as the Executive.

**MCD34 Increasing children's access to vision and dental services**

**Section: 333.260**

Permits the OBM Director, upon the request of the ODM Director, to transfer up to \$7,000,000 appropriation in each fiscal year from appropriation item 651525, Medicaid Health Care Services, to appropriation items in the DOH.

**Section: 333.260**

Same as the Executive, but caps the maximum transfer amount at \$4,660,000 in FY 2026 and \$4,295,000 in FY 2027.

**Executive**

**In House Finance**

Requires this appropriation be used to support public health programs or the provision of certain services, including preventive care and other interventions, to improve the health of low-income children.

Same as the Executive.

Earmarks up to \$5,000,000 in each fiscal year to increase children's access to vision care and up to \$2,000,000 in each fiscal year to increase children's access to dental care.

Same as the Executive, but reduce the vision earmark to \$2,660,000 in FY 2026 and \$2,295,000 in FY 2027.

Permits ODM to transfer federal reimbursement for these expenditures and appropriates the transferred amounts.

Same as the Executive.

Executive

In House Finance

**MHACD34** Data-sharing agreements for ADAMHS boards, DBH, and ODM

No provision.

**R.C. 340.038, 5160.45**

Requires DBH and ODM, in collaboration with ADAMHS boards, to develop a three-way data-sharing agreement whereby the agencies and boards can exchange claims-level client data and other information to ensure that each ADAMHS board's continuum of care is appropriately available.

**Fiscal effect: Increase in administrative costs to develop the agreement, as well as ongoing IT costs.**

Executive

In House Finance

**OBMCD32 Federal medical assistance percentage for expansion eligibility group**

**R.C. 126.70**

Requires ODM to immediately terminate medical assistance for members of the Medicaid expansion eligibility group (Group VIII) if the federal government sets the federal medical assistance percentage below 90%.

No provision.

No provision.

**Fiscal effect: Group VIII's projected caseload is 779,000 in FY 2026 and 772,000 in FY 2027, with expenditures of \$6.66 billion and \$6.93 billion, respectively. The federal and state shares are 90% and 10%, respectively.**

**R.C. 126.70, 5163.04, Section 513.10**

Same as the Executive, but also requires ODM, to certify, not later than 15 business days following the change to the FMAP, to (1) the OBM Director, (2) JMOC, (3) the Senate President, and (4) the House Speaker, the total actual expenditure for Group VIII for the most recently completed month before the change.

Specifies that the certified monthly amount is to be multiplied by the number of months remaining in the fiscal biennium to derive the total calculated amount that is to remain in the GRF.

Requires that at the conclusion of each fiscal year in the biennium, the calculated total amount be transferred to the Budget Stabilization Fund or the Expanded Sales Tax Holiday Fund pursuant to R.C. 131.44.

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

Executive

In House Finance

**JFSCD30 Ohio Benefits Program**

**Section: 525.10**

Requires the DAS Director and the ODJFS Director to develop an organization plan and to enter into a memorandum of understanding to transfer the administration of the Ohio Benefits Program from DAS to ODJFS by July 1, 2026. Authorizes the DAS Director to transfer the program's administration to the ODJFS Director by July 1, 2027. Requires that any business commenced, but not completed before the transfer, be completed by the ODJFS Director in the same manner as if completed by the DAS Director.

**Section: 525.10**

Same as the Executive.

Defines the Ohio Benefits Program as the integrated enterprise solution administered by DAS that assists individuals in verifying eligibility and applying for benefits offered through various programs administered by JFS and ODM.

Same as the Executive.

Allows ODJFS, with regard to DAS employees whose primary duties include administering the program, to: (1) establish, change, or abolish positions within ODJFS; (2) assign, reassign, classify, reclassify, transfer, reduce, promote, or demote employees of ODJFS not subject to collective bargaining; and (3) assign or reassign an exempt employee to an appropriate bargaining unit.

Same as the Executive.

Allows the ODJFS Director to establish a retirement incentive plan for transferred employees that is to remain in effect until December 31, 2027.

Same as the Executive.

Authorizes the OBM Director to make any necessary budget and accounting changes to implement the program's transfer. Allows the OBM Director to also cancel or establish encumbrances and transfer appropriations between impacted agencies as necessary. Allows the OBM Director to transfer appropriations between ODJFS and DAS if necessary for continued efficient administration of the program. Appropriates any encumbrances or transferred appropriations.

Same as the Executive.

Executive

In House Finance

JMOCD2 JMOC access to manage and view eligibility information and systems

R.C. 103.416

No provision.

Requires, by the beginning of October 2025, ODM, ODJFS, and CDJFSs to provide the JMOC Executive Director and staff of JMOC access to view information and systems used for determining eligibility for public assistance benefits, as well for billing, payments, and tracking for providers, and provide training to the JMOC Executive Director and staff to ensure proper understanding and interpretation of information viewed.

No provision.

Requires the JMOC Executive Director and staff to adhere to the same confidentiality standards that apply to staff of those departments when accessing information and data described above.

**Fiscal effect: Possible administrative costs.**



Executive

In House Finance

AUDCD7 State audit of Medicaid Next Generation system

Section: 751.70

No provision.

Requires the AOS, by December 31, 2027, to conduct a performance audit and fiscal audit of ODM's next generation system.

No provision.

Requires the Auditor to submit a copy of the audit reports to the Executive Director of JMOC.

No provision.

Requires the AOS to examine nine specified components of the system.

**Fiscal effect: Additional costs for AOS to conduct the performance audit.**

Executive

In House Finance

TOSCD9 Ohio STABLE accounts

No provision.

R.C. 113.51, 113.53; and Section 413.40

Exempts funds in an ABLE account from collection under the Ohio Medicaid Estate Recovery Program to the extent permitted under federal law.

No provision.

Requires the Treasurer of State to pay account fees associated with an ABLE account on behalf of an Ohio account owner or beneficiary.

No provision.

Requires Fund 4E90 ALI 090639, STABLE Maintenance Fee Subsidy, be used to subsidize costs of monthly fees incurred by account holders for eligible individuals with disabilities.

**Fiscal effect: Exempting funds in an ABLE account from collection under the Ohio Medicaid Estate Recovery Program would likely result in a reduction in state revenues, as the state would be unable to recover Medicaid costs from these accounts after the account holder’s death. Additionally, TOS would incur increased expenses in the short term due to the costs associated with maintaining Ohio ABLE accounts. As of December 1, 2024, there are approximately 44,000 active ABLE accounts. The monthly maintenance cost is \$1.25 for Ohio residents and \$2.25 for out-of-state residents, with additional fees based on the usage of account services.**