

AN ACT

To amend sections 3702.593, 3721.01, 3721.026, 3721.072, 3721.121, 3721.28, 3721.30, 3721.31, 3721.32, 4723.32, 4723.61, 4723.64, 4723.65, 4723.651, 4723.653, 4723.66, 4723.67, 4723.68, 4723.69, 4729.41, 5124.15, 5124.151, 5165.01, 5165.06, 5165.26, 5165.51, and 5165.511; to enact section 5165.518; RMD

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and to repeal section 3701.89 of the Revised Code and to amend Section 280.12 of H.B. 45 of the 134th General Assembly as subsequently amended regarding immunizations administered by pharmacists, pharmacy interns, and pharmacy technicians; regarding certificates of need and change of operator procedures for nursing homes; regarding the per Medicaid day payment rate for specified ICFs/IID; regarding medication aides and certified nurse aides, including competency evaluation programs and training and competency evaluation programs; regarding nursing home quality improvement projects; regarding conditional employment in homes and adult day care programs; regarding grants provided to adult day care providers, and regarding the Ohio Medical Quality Foundation. RMD

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Be it enacted by the General Assembly of the State of Ohio:

SECTION 1. That sections 3702.593, 3721.01, 3721.026, 3721.072, 3721.121, 3721.28, 3721.30, 3721.31, 3721.32, 4723.32, 4723.61, 4723.64, 4723.65, 4723.651, 4723.653, 4723.66, 4723.67, 4723.68, 4723.69, 4729.41, 5124.15, 5124.151, 5165.01, 5165.06, 5165.26, 5165.51, and 5165.511 be amended and section 5165.518 of the Revised Code be enacted to read as follows:

Sec. 3702.593. (A) At the times specified in this section, the director of health shall accept, for review under section 3702.52 of the Revised Code, certificate of need applications for any of the following purposes if the proposed increase in beds is attributable solely to relocation of existing beds from an existing long-term care facility in a county with excess beds to a long-term care facility in a county in which there are fewer long-term care beds than the county's bed need:

(1) Approval of beds in a new long-term care facility or an increase of beds in an existing long-term care facility if the beds are proposed to be licensed as nursing home beds under Chapter 3721. of the Revised Code;

(2) Approval of beds in a new county home or new county nursing home, or an increase of beds in an existing county home or existing county nursing home if the beds are proposed to be certified as skilled nursing facility beds under the medicare program, Title XVIII of the "Social Security Act." 49 Stat. 286 (1965). 42 U.S.C. 1395, as amended, or nursing facility beds under the

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of operator license issued under division (B) of section 3721.026 of the Revised Code.

(C) The department receives both of the following in accordance with the method specified in rules authorized by section 5165.53 of the Revised Code and not later than ten days after the effective date of the change of operator:

(1) From the entering operator, a completed application for a provider agreement and all other forms and documents specified in rules authorized by section 5165.53 of the Revised Code;

(2) From the exiting operator or owner, all forms and documents specified in rules authorized by section 5165.53 of the Revised Code.

(C)-(D) The entering operator is eligible for medicaid payments as provided in section 5165.06 of the Revised Code.

Sec. 5165.518. (A) Each nursing facility shall ensure that the identity of the operator that holds the license to operate the facility issued under section 3721.02 of the Revised Code and the operator that holds the medicaid provider agreement for the facility issued under section 5165.07 of the Revised Code is the same person and is consistently identified for both purposes.

(B) A nursing facility that has a difference in the identity of the operator that holds the license to operate the facility issued under section 3721.02 of the Revised Code and the operator holding the medicaid provider agreement for the facility issued under section 5165.07 of the Revised Code shall, not later than one year after the effective date of this section, take action to ensure that the same person is the operator for both purposes and is consistently identified for both purposes. An action taken in accordance with this division shall not be considered a change of operator as defined in section 3721.01 or 5165.01 of the Revised Code.

SECTION 2. That existing sections 3702.593, 3721.01, 3721.026, 3721.072, 3721.121, 3721.28, 3721.30, 3721.31, 3721.32, 4723.32, 4723.61, 4723.64, 4723.65, 4723.651, 4723.653, 4723.66, 4723.67, 4723.68, 4723.69, 4729.41, 5124.15, 5124.151, 5165.01, 5165.06, 5165.26, 5165.51, and 5165.511 of the Revised Code are hereby repealed.

SECTION 3, That section 3701.89 of the Revised Code is hereby repealed. *RMP*

SECTION 4, Section 3702.593 of the Revised Code as presented in this act takes effect on the later of September 30, 2024, or the effective date of this section.

(September 30, 2024, is the effective date of an earlier amendment to that section by H.B. 110 of the 134th General Assembly.)

SECTION 5. Notwithstanding division (D)(2) of section 3702.593 of the Revised Code, in addition to the acceptance and review periods provided for in that division, certificate of need applications for the purposes specified in that section shall be accepted during the first month that is

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six months after the effective date of this section and reviewed through the last day of the ninth month after the month in which applications are accepted under this section. Thereafter, applications shall be accepted and reviewed only in accordance with division (D)(2) of section 3702.593 of the Revised Code.

SECTION 6. (A) To assist with increased wages within the direct care workforce and other workforce supports, the per Medicaid day payment rate for an ICF/IID in peer group 5 during fiscal year 2025 shall be determined in accordance with the amendments to sections 5124.15 and 5124.151 of the Revised Code made by this act and the remaining provisions of Chapter 5124. of the Revised Code.

(B) If an ICF/IID in peer group 5 receives a per Medicaid day payment from the Department of Developmental Disabilities during the period beginning July 1, 2024, and ending on the effective date of this section and the amendments to sections 5124.15 and 5124.151 of the Revised Code made by this act, the Department shall make a supplemental payment to the ICF/IID that covers the difference between the amount paid during that period and the amount required to be paid in accordance with division (A) of this section.

SECTION 7. That Section 280.12 of H.B. 45 of the 134th General Assembly (as amended by H.B. 33 of the 135th General Assembly) be amended to read as follows:

Sec. 280.12. The foregoing appropriation item 042628, Adult Day Care, shall be used by the Director of Budget and Management to administer grants to eligible adult day care providers ~~during~~. An amount equal to the unexpended, unencumbered balance of the appropriation item at the end of fiscal year 2023, and the remaining \$4,000,000 shall be is hereby reappropriated and administered during fiscal year 2023 to fiscal year 2024 for the same purpose. An amount equal to the unexpended, unencumbered balance of the appropriation item at the end of fiscal year 2024, is hereby reappropriated to fiscal year 2025 for the same purpose. The Director shall administer all grants not later than December 31, 2024.

SECTION 8. That existing Section 280.12 of H.B. 45 of the 134th General Assembly (as amended by H.B. 33 of the 135th General Assembly) is hereby repealed.

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SECTION 9. By repealing section 3701.89 of the Revised Code, it is the intent of the General Assembly that the Ohio Medical Quality Foundation, a nonprofit corporation organized and formed under Chapter 1702. of the Revised Code, dissolve itself and take such actions as are required by that chapter to wind up its affairs. The General Assembly also directs the Foundation to transfer all of its remaining unencumbered funds, to the extent possible under law and contract, to the monitoring organization that the State Medical Board contracts with pursuant to section 4731.25 of

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the Revised Code. Following the transfer, the monitoring organization shall use the funds for purposes of the confidential monitoring program established and administered under sections 4731.25 to 4731.255 of the Revised Code.

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