

Am. Sub. H.B. 166
As Passed by the House

_____ moved to amend as follows:

In line 105 of the title, after "5123.166," insert "5124.15,	1
5124.24,"	2
In line 115 of the title, after "5168.08," insert "5168.60,	3
5168.61, 5168.63, 5168.64,"	4
In line 138 of the title, delete "and"	5
In line 139 of the title, after "5164.37," insert "and	6
5168.62"	7
In line 170 of the title, after "5123.0424," insert	8
"5123.1612,"	9
In line 171 of the title, after "5123.691," insert "5124.26,"	10
In line 189 of the title, after "5167.25" insert ", 5168.62"	11
In line 324, after "5123.166," insert "5124.15, 5124.24,"	12
In line 332, after "5168.08," insert "5168.60, 5168.61,	13
5168.63, 5168.64,"	14
In line 349, delete the first "and"; after "5164.37," insert	15
"and 5168.62"	16
In line 373, after "5123.0424," insert "5123.1612,"	17
In line 374, after "5123.691," insert "5124.26,"	18
In line 60548, delete " <u>(b) or (c)</u> "	19

In line 60550, reinsert "all" and delete "both" 20

In line 60557, reinsert ";" 21

Reinsert lines 60558 through 60560 22

In line 60561, reinsert "the order, both" and delete "." 23

Delete lines 60562 through 60564 24

In line 60565, delete "either"; reinsert "are" and delete
"is" 25
26

Delete lines 60566 and 60567 27

In line 60570, reinsert "and the" and delete "." 28

In line 60571, delete "(ii) The" 29

In line 60573, reinsert "(ii)" and delete "(iii)" 30

In line 60583, reinsert "(2)" and delete "(b) Both of the
following apply:" 31
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Delete lines 60584 through 60587 33

In line 60588, delete "(E)"; delete "or" 34

In line 60589, delete "(2)" 35

In line 60591, reinsert "(a)" and delete "(1)" 36

In line 60598, reinsert "(b)" and delete "(2)" 37

In line 60600, delete "date for the hearing shall be as
follows:" 38
39

Delete line 60601 40

In line 60602, delete "this section, the" 41

Delete lines 60608 through 60612 42

In line 60616, delete "(3)" and insert "(c)" 43

In line 60640, reinsert "fifteen" and delete "ten" 44

In line 60640, reinsert "(3)" and delete "(F)(1)" 45

In line 60651, reinsert "(4)" and delete "(2)" 46

Delete lines 60657 through 60667 47

After line 60667, insert: 48

"Sec. 5123.1612. (A) The director of developmental 49
disabilities may issue a summary order suspending a supported 50
living certificate holder's authority to provide supported living 51
to one or more identified individuals if the director determines 52
that both of the following are the case: 53

(1) The certificate holder's noncompliance with one or more 54
requirements of this chapter or the rules adopted under it causes 55
or presents an immediate danger of causing serious injury, harm, 56
impairment, or death to the individual or individuals; 57

(2) The certificate holder does not remove the conditions 58
that caused or presented an immediate danger of causing serious 59
injury, harm, impairment, or death to the individual or 60
individuals before the order is issued. 61

(B) An order issued under division (A) of this section 62
applies only to the individual or individuals the director 63
determines experienced or are in immediate danger of experiencing 64
serious injury, harm, impairment, or death. An order issued under 65
division (A) of this section takes immediate effect upon 66
notification to the certificate holder. The county board of 67
developmental disabilities for the county where the individual or 68
individuals reside shall arrange for an alternative method of 69
providing services to the individual or individuals until the 70
order is lifted under division (E) of this section. 71

(C) The director shall notify, by telephone, the certificate 72

holder and the county board of developmental disabilities for the
county where the individual or individuals reside of the order
immediately after issuing it. The director also shall provide
written notice of the order by electronic or regular mail. Both
the telephone notice and the written notice to the certificate
holder shall inform the certificate holder of the right to request
a reconsideration of the order under division (D) of this section.

(D) A certificate holder who is subject to an order issued
under division (A) of this section may request that the director
reconsider the order within twenty-four hours after receiving the
telephone notice under division (C) of this section. The director
shall reconsider the order within twenty-four hours after
receiving the request. At the certificate holder's option, the
reconsideration may be conducted by an in-person meeting,
telephone, or review of the certificate holder's written
submission that accompanies the request. The director shall issue
a decision on the reconsideration within twenty-four hours
following the conclusion of the meeting, telephone conversation,
or review of a written submission.

(E) The director shall lift an order issued under division
(A) of this section if the director determines that the
certificate holder has removed the conditions that led to the
order and that the conditions will not recur.

(F) An order issued under division (A) of this section does
not constitute an action against the holder of a supported living
certificate described in section 5123.166 of the Revised Code and
is not subject to that section or to Chapter 119. of the Revised
Code.

(G) The director's issuance of an order under division (A) of
this section does not preclude the director from taking any other

<u>action against the holder of a supported living certificate</u>	103
<u>described in section 5123.166 of the Revised Code."</u>	104
After line 60738, insert:	105
" Sec. 5124.15. (A) Except as otherwise provided by section	106
5124.101 of the Revised Code, sections 5124.151 to 5124.154 of the	107
Revised Code, and divisions (D) and (E) of this section, the total	108
per medicaid day payment rate that the department of developmental	109
disabilities shall pay to an ICF/IID provider for ICF/IID services	110
the provider's ICF/IID provides during a fiscal year shall equal	111
the following:	112
(1) Until July 1, 2021, the greater of the total per medicaid	113
day payment rates determined under divisions (B) and (C) of this	114
section;	115
(2) Beginning July 1, 2021, the total per medicaid day	116
payment rate determined under division (B) of this section.	117
(B) The total per medicaid day payment rate determined under	118
this division is the sum of all of the following:	119
(1) The per medicaid day capital component rate determined	120
for the ICF/IID under section 5124.17 of the Revised Code;	121
(2) The per medicaid day direct care costs component rate	122
determined for the ICF/IID under section 5124.19 of the Revised	123
Code;	124
(3) The per medicaid day indirect care costs component rate	125
determined for the ICF/IID under section 5124.21 of the Revised	126
Code;	127
(4) The per medicaid day other protected costs component rate	128
determined for the ICF/IID under section 5124.23 of the Revised	129
Code;	130

(5) Until <u>Subject to division (E) of this section, until July</u>	131
<u>1, 2020 2021, or if the general assembly enacts a law specifying a</u>	132
<u>later date, that later date,</u> a direct support personnel payment	133
equal to three and four-hundredths per cent of the ICF/IID's	134
desk-reviewed, actual, allowable, per medicaid day direct care	135
costs from the applicable cost report year;	136
(6) Beginning <u>Subject to division (E) of this section,</u>	137
<u>beginning July 1, 2020 2021, the sum of the following:</u>	138
(a) <u>The</u> per medicaid day quality incentive payment determined	139
for the ICF/IID under section 5124.24 of the Revised Code;	140
(b) <u>A direct support personnel payment equal to two and</u>	141
<u>four-hundredths per cent of the ICF/IID's desk-reviewed, actual,</u>	142
<u>allowable, per medicaid day direct care costs from the applicable</u>	143
<u>cost report year.</u>	144
(C) The total per medicaid day payment rate determined under	145
this division is the sum of all of the following:	146
(1) The per medicaid day payment rate for capital costs	147
determined for the ICF/IID under section 5124.171 of the Revised	148
Code;	149
(2) The per medicaid day payment rate for direct care costs	150
determined for the ICF/IID under section 5124.195 of the Revised	151
Code;	152
(3) The per medicaid day payment rate for indirect care costs	153
determined for the ICF/IID under section 5124.211 of the Revised	154
Code;	155
(4) The per medicaid day payment rate for other protected	156
costs determined for the ICF/IID under section 5124.231 of the	157
Revised Code;	158

(5) A direct support personnel payment equal to three and 159
four-hundredths per cent of the ICF/IID's desk-reviewed, actual, 160
allowable, per medicaid day direct care costs from the applicable 161
cost report year. 162

(D) The total per medicaid day payment rate for the following 163
shall not exceed the average total per medicaid day payment rate 164
in effect on July 1, 2013, for developmental centers: 165

(1) An ICF/IID that is in peer group 5-A for the purpose of 166
the total per medicaid day payment rate determined under division 167
(B) of this section; 168

(2) An ICF/IID that is in peer group 3-B for the purpose of 169
the total per medicaid day payment rate determined under division 170
(C) of this section. 171

(E) The department shall adjust the total per medicaid day 172
payment rate otherwise determined for an ICF/IID under divisions 173
(B) and (C) of this section as directed by the general assembly 174
through the enactment of law governing medicaid payments to 175
ICF/IID providers. In the case of the payment rate otherwise 176
determined for an ICF/IID under division (B) of this section, the 177
adjustments shall include delaying the termination of the direct 178
support personnel payment specified in division (B)(5) of this 179
section and the beginning of the quality incentive payment and 180
direct support personnel payment specified in division (B)(6) of 181
this section if the general assembly enacts a law providing for 182
the delays. 183

(F)(1) In addition to paying an ICF/IID provider the total 184
per medicaid day payment rate determined for the provider's 185
ICF/IID under divisions (B), (C), (D), and (E) of this section for 186
a fiscal year, the department, ~~in~~ may do either or both of the 187
following: 188

(a) In accordance with section 5124.25 of the Revised Code, 189
~~may~~ pay the provider a rate add-on for ventilator-dependent 190
 outlier ICF/IID services if the rate add-on is to be paid under 191
 that section and the department approves the provider's 192
 application for the rate add-on; 193

(b) In accordance with section 5124.26 of the Revised Code, 194
~~pay the provider for outlier ICF/IID services the ICF/IID provides~~ 195
~~to residents identified as needing intensive behavioral health~~ 196
~~support services if the rate add-on is to be paid under that~~ 197
~~section and the department approves the provider's application for~~ 198
~~the rate add-on. The~~ 199

(2) ~~The rate add-on is~~ add-ons are not to be part of the 200
 ICF/IID's total per medicaid day payment rate. 201

Sec. 5124.24. (A) ~~For~~ Subject to division (E) of section 202
5124.15 of the Revised Code, for fiscal year ~~2021~~ 2022 and each 203
 fiscal year thereafter, the department of developmental 204
 disabilities shall determine in accordance with division (C) of 205
 this section a per medicaid day quality incentive payment for each 206
 ICF/IID that earns for the fiscal year at least one point under 207
 division (B) of this section. 208

(B) ~~Each~~ Subject to division (E) of section 5124.15 of the 209
Revised Code, each fiscal year beginning with fiscal year ~~2021~~ 210
2022, the department, in accordance with rules authorized by this 211
 section, shall award to an ICF/IID points for ~~the following~~ 212
 quality indicators the ICF/IID meets for the fiscal year~~+~~ 213

~~(1) The ICF/IID created and promoted diverse opportunities~~ 214
~~for its residents to participate in the broader community in the~~ 215
~~applicable cost report year.~~ 216

~~(2) The ICF/IID offers its residents multiple opportunities~~ 217

~~for off site day programming activities, including~~ 218
~~resident specific activities.~~ 219

~~(3) All of the ICF/IID's residents who are least eighteen~~ 220
~~years of age and interested in employment have an identified place~~ 221
~~on the path to community employment specified in rules adopted~~ 222
~~under section 5123.022 of the Revised Code.~~ 223

~~(4) The ICF/IID has an active advocacy group that is driven~~ 224
~~by its residents or fosters its residents' participation in a~~ 225
~~community wide group.~~ 226

~~(5) The ICF/IID meets both of the following standards:~~ 227

~~(a) The ICF/IID's bedrooms are designed and arranged to~~ 228
~~enhance privacy, promote personalization, and meet its residents'~~ 229
~~needs;~~ 230

~~(b) The ICF/IID encourages residents to bring to the ICF/IID~~ 231
~~their own home and room decor.~~ 232

~~(6) The ICF/IID has and follows a policy specifying how it~~ 233
~~seeks direction from its residents.~~ 234

~~(7) The ICF/IID has a policy for doing both of the following:~~ 235

~~(a) Evaluating each hospital emergency department visit by~~ 236
~~its residents to identify precipitating factors that led to the~~ 237
~~visit;~~ 238

~~(b) Developing a plan to mitigate any identified~~ 239
~~precipitating factors.~~ 240

~~(8) The ICF/IID has adopted the recommendations for resident~~ 241
~~health screenings that the department publishes on its web site.~~ 242

~~(9) Each month, the ICF/IID offers at least the number of~~ 243
~~wellness and fitness activities specified for this purpose in~~ 244
~~rules authorized by this section.~~ 245

~~(10) The number of the ICF/IID's staff who were trained in positive behavior support strategies, trauma informed care, and similar topics in the applicable cost report year is at least the number specified for this purpose in rules authorized by this section.~~

~~(11) Members of the ICF/IID's staff are involved in orienting and mentoring new staff.~~

~~(12) The ICF/IID's ratio of direct care staff to residents is at least the ratio specified for this purpose in rules authorized by this section.~~

~~(13) The ICF/IID's direct care staff retention percentage is at least the percentage specified for this purpose in rules authorized by this section. The quality indicators used under this division shall be based on the recommendations contained in the report submitted to the director of developmental disabilities by the ICF/IID quality indicators workgroups established by Section 261.... of this act.~~

(C) An ICF/IID's per medicaid day quality incentive payment for a fiscal year shall be the product of the following:

(1) The relative weight point value for the fiscal year as determined under division (D) of this section;

(2) The number of points the ICF/IID was awarded under division ~~(C)~~ (B) of this section for the fiscal year.

(D) The relative weight point value for a fiscal year shall be determined as follows:

(1) For each ICF/IID, determine the product of the following:

(a) The number of inpatient days the ICF/IID had for the applicable cost report year;

(b) The number of points the ICF/IID was awarded under 274
division ~~(C)~~ (B) of this section for the fiscal year. 275

(2) Determine the sum of all of the products determined under 276
division (D)(1) of this section for the fiscal year; 277

(3) Determine the amount equal to ~~three and four hundredths~~ 278
one per cent of the total desk-reviewed, actual, allowable direct 279
care costs of all ICFs/IID for the applicable cost report year; 280

(4) Divide the amount determined under division (D)(3) of 281
this section by the sum determined under division (D)(2) of this 282
section. 283

(E) The director of developmental disabilities shall adopt 284
rules under section 5124.03 of the Revised Code as necessary to 285
implement this section, including rules that specify or establish 286
all of the following: 287

(1) The data needed for the department to determine whether 288
an ICF/IID meets the quality indicators specified in division (B) 289
of this section, the medium through which a report of the data is 290
to be submitted to the department, and the date by which the 291
report of the data must be submitted to the department; 292

(2) Satisfactory evidence needed to determine that an ICF/IID 293
has met the quality indicators; 294

(3) The method by which ICFs/IID are to be awarded points 295
under division (B) of this section and the number of points that 296
each quality indicator is worth based on the quality indicator's 297
relative importance compared to the other quality indicators. 298

Sec. 5124.26. (A) Subject to division (D) of this section, 299
the department of developmental disabilities may pay a medicaid 300
rate add-on to an ICF/IID provider for outlier ICF/IID services 301

the ICF/IID provides to residents identified as needing intensive behavioral support services, if the provider applies to the department to receive the rate add-on and the department approves the application. The department may approve a provider's application if both of the following apply:

(1) The provider submits to the department a best practices protocol for providing outlier ICF/IID services under this section and the department determines that the protocol is acceptable;

(2) The provider meets all other eligibility requirements for the rate add-on established in rules authorized by this section.

(B) An ICF/IID that has been approved by the department to provide outlier ICF/IID services under this section shall provide the services in accordance with both of the following:

(1) The best practices protocol described in division (A)(1) of this section;

(2) Requirements regarding the services established in rules authorized by this section.

(C) To qualify to receive outlier ICF/IID services from an ICF/IID under this section, a resident of the ICF/IID must be a medicaid recipient, be determined to need intensive behavioral support services, and meet all other eligibility requirements established in rules authorized by this section.

(D) The department shall negotiate with the department of medicaid the amount of the medicaid payment rate add-on, if any, to be paid under this section or the method by which that amount is to be determined.

(E) The director of developmental disabilities shall adopt rules under section 5124.03 of the Revised Code as necessary to implement this section."

After line 64587, insert: 331

"**Sec. 5168.60.** As used in sections 5168.60 to 5168.71 of the 332
Revised Code: 333

(A) "Franchise permit fee rate" means the following: 334

(1) For fiscal year ~~2016~~ 2020, ~~eighteen~~ twenty-three dollars 335
and ~~seven~~ ninety-five cents; 336

(2) For fiscal year ~~2017~~ 2021 and each fiscal year 337
thereafter, ~~eighteen~~ twenty-four dollars and ~~two~~ eighty-nine 338
cents. 339

(B) "Indirect guarantee percentage" means the percentage 340
specified in the "Social Security Act," section 1903(w)(4)(C)(ii), 341
42 U.S.C. 1396b(w)(4)(C)(ii), that is to be used in determining 342
whether a class of providers is indirectly held harmless for any 343
portion of the costs of a broad-based health-care-related tax. If 344
the indirect guarantee percentage changes during a fiscal year, 345
the indirect guarantee percentage is the following: 346

(1) For the part of the fiscal year before the change takes 347
effect, the percentage in effect before the change; 348

(2) For the part of the fiscal year beginning with the date 349
the indirect guarantee percentage changes, the new percentage. 350

(C) "ICF/IID" has the same meaning as in section 5124.01 of 351
the Revised Code. 352

(D) Except as provided in division (B) of section 5168.62 of 353
the Revised Code, "inpatient days" has the same meaning as in 354
section 5124.01 of the Revised Code. 355

(E) "Medicaid-certified capacity" has the same meaning as in 356
section 5124.01 of the Revised Code. 357

~~(E)~~(F) "Provider agreement" has the same meaning as in 358
section 5124.01 of the Revised Code. 359

Sec. 5168.61. The department of developmental disabilities 360
shall do all of the following: 361

(A) Subject to section 5168.64 of the Revised Code and 362
divisions (B) and (C) of this section and for the purposes 363
specified in section 5168.69 of the Revised Code, quarterly assess 364
~~for each fiscal year~~ each ICF/IID a franchise permit fee equal to 365
the product of the following: 366

(1) The franchise permit fee rate ~~multiplied by the product~~ 367
~~of the following~~: 368

~~(1)i~~ 369

(2) The number of the ICF/IID's medicaid-certified capacity 370
~~on the first day of May of the calendar year in which the~~ 371
~~assessment is determined pursuant to division (A) of section~~ 372
~~5168.63 of the Revised Code~~; 373

~~(2) The number of days in the fiscal year~~ inpatient days for 374
the quarter as determined using the monthly reports submitted to 375
the department under section 5168.62 of the Revised Code. 376

(B) If the total amount of the franchise permit fee assessed 377
under division (A) of this section for a fiscal year exceeds the 378
indirect guarantee percentage of the actual net patient revenue 379
for all ICFs/IID for that fiscal year and seventy-five per cent or 380
more of the total number of ICFs/IID receive enhanced medicaid 381
payments or other state payments equal to seventy-five per cent or 382
more of their total franchise permit fee assessments, do both of 383
the following: 384

(1) Recalculate the assessments under division (A) of this 385

section using a per ~~bed-per~~ inpatient day rate equal to the
indirect guarantee percentage of actual net patient revenue for
all ICFs/IID for that fiscal year;

(2) Refund the difference between the total amount of the
franchise permit fee assessed for that fiscal year under division
(A) of this section and the amount recalculated under division
(B)(1) of this section as a credit against the assessments imposed
under division (A) of this section for the quarters of the
subsequent fiscal year.

(C) If the United States secretary of health and human
services determines that the franchise permit fee established by
sections 5168.60 to 5168.71 of the Revised Code would be an
impermissible health care-related tax under section 1903(w) of the
"Social Security Act," ~~section 1903(w)~~, 42 U.S.C. 1396b(w), take
all necessary actions to cease implementation of those sections in
accordance with rules adopted under section 5168.71 of the Revised
Code.

Sec. 5168.62. (A) Each ICF/IID shall submit to the department
of developmental disabilities a monthly report containing the
number of the ICF/IID's inpatient days for that month. A report is
due not later than fifteen days after the last day of the month
for which it is submitted. Reports shall be submitted to the
department in a manner the department shall prescribe. The
department may review the data included in a report for accuracy.

(B) If an ICF/IID fails to submit a report for a month, the
number of its inpatient days for that month shall be the product
of the following:

(1) The ICF/IID's medicaid-certified capacity;

(2) The number of days in the month.

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Sec. 5168.63. (A) Not later than the ~~fifteenth~~ last day of ~~August of each year~~ October, January, April, and July, the department of developmental disabilities shall ~~determine the annual franchise permit fee for each ICF/IID in accordance with section 5168.61 of the Revised Code.~~

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~~(B) Not later than the first day of September of each year, the department shall~~ notify, electronically or by United States postal service, each ICF/IID of the amount of the quarterly franchise permit fee the ICF/IID has been assessed under section 5168.61 of the Revised Code.

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~~(C)~~(B) Subject to section 5168.64 of the Revised Code, each ICF/IID shall pay its quarterly franchise permit fee under section 5168.61 of the Revised Code to the department ~~in quarterly installment payments~~ not later than forty-five days after the last day of each ~~September, December, March, and June~~ October, January, April, and July.

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Sec. 5168.64. ~~(A)~~ If the operator of an ICF/IID converts, pursuant to section 5124.60 or 5124.61 of the Revised Code, all of the ICF/IID's beds to providing home and community-based services and the operator's provider agreement for the ICF/IID is terminated as a consequence, the department of developmental disabilities shall terminate the ICF/IID's franchise permit fee effective on the first day of the quarter immediately following the quarter in which the conversion takes place.

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~~(B)(1) If, during the period beginning on the first day of May of a calendar year and ending on the first day of January of the immediately following calendar year, the operator of an~~

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ICF/IID converts, pursuant to section 5124.60 or 5164.61 of the
 Revised Code, some but not all of the ICF/IID's beds to providing
 home and community based services and the ICF/IID's
 medicaid certified capacity is reduced as a consequence, the
 department shall redetermine the ICF/IID's franchise permit fee
 for the second half of the fiscal year for which the fee is
 assessed. To redetermine the ICF/IID's franchise permit fee, the
 department shall multiply the franchise permit fee rate by the
 product of the following:

(a) The ICF/IID's medicaid certified capacity as of the date
 the conversion takes effect;

(b) The number of days in the second half of the fiscal year
 for which the redetermination is made.

(2) The ICF/IID shall pay its franchise permit fee as
 redetermined under division (B)(1) of this section in installment
 payments not later than forty five days after the last day of
 March and June of the fiscal year for which the redetermination is
 made."

In line 76075, after "5123.166," insert "5124.15, 5124.24,"

In line 76083, after "5168.08," insert "5168.60, 5168.61,
 5168.63, 5168.64,"

In line 76100, after "5167.25," insert "5168.62,"

After line 96939, insert:

"Section 261.____. ICF/IID QUALITY INDICATORS WORKGROUP

(A) As used in this section, "ICF/IID" has the same meaning
 as in section 5124.01 of the Revised Code.

(B)(1) The Director of Developmental Disabilities shall

establish a workgroup to advise the Department of Developmental
Disabilities on quality indicators used for awarding points to
ICFs/IID under section 5124.24 of the Revised Code. The workgroup
shall consist of at least one representative from each of the
following as appointed by the Director:

- (a) The Department of Developmental Disabilities;
- (b) The Ohio Health Care Association;
- (c) The Ohio Provider Resource Association;
- (d) The Arc of Ohio;
- (e) The Values of Faith Alliance;
- (f) The Ohio Association of County Boards of Developmental
Disabilities.

(2) Members of the workgroup shall serve without compensation
or reimbursement, except to the extent that serving on the
workgroup is part of their usual job duties.

(C) Not later than December 31, 2019, the workgroup shall
submit to the Director a report containing recommended quality
indicators to be used for awarding points to ICFs/IID under
section 5124.24 of the Revised Code. In making its
recommendations, the workgroup shall do all of the following:

- (1) Recommend not more than five quality indicators;
- (2) Recommend quality indicators that address aspects of
ICF/IID services that individuals receiving services, their
families, and their guardians consider to be important;
- (3) Recommend quality indicators that can be calculated using
data the Department already collects or that the Department can
collect with minimal additional administrative burden on ICFs/IID;

(4) Consider utilizing a consumer satisfaction survey for one 497
 or more of the quality indicators and consider whether the 498
 National Core Indicators could be used for this purpose or if a 499
 new survey should be developed; 500

(5) Consider whether any quality indicators that the 501
 workgroup recommends should be adjusted for acuity and whether to 502
 recommend different quality indicators for ICFs/IID of different 503
 sizes or serving different populations. 504

(D) The workgroup shall cease to exist on the submission of 505
 its report. 506

(E) It is the General Assembly's intent to enact legislation 507
 not later than December 31, 2020, establishing new quality 508
 indicators used for awarding points to ICFs/IID under section 509
 5124.24 of the Revised Code based on the recommendations contained 510
 within the report submitted by the workgroup to the Director. 511

Section 261.____. It is the General Assembly's intent to 512
 enact legislation not later than June 30, 2020, amending section 513
 5124.15 of the Revised Code to specify a later date for 514
 terminating the direct support personnel payment specified in 515
 division (B)(5) of that section and beginning the quality 516
 incentive payment and direct support personnel payment specified 517
 in division (B)(6) of that section." 518

In line 106997, after "amendment" insert ", new enactment, or 519
 repeal"; after "of" insert "the"; delete "122.85," 520

Delete lines 106998 and 106999 521

In line 107000, delete "Revised Code" and insert "listed 522
 below" 523

In line 107002, after "law" insert "or, if a later effective 524
 date is specified below, on that date" 525

After line 107002, insert: 526

"The amendment by this act of sections 122.85, 321.24, 527
718.83, 718.85, 718.90, 4301.43, 5741.01, 5741.04, 5741.05, 528
5741.11, 5741.13, 5741.17, 5745.05, and 5751.02 of the Revised 529
Code. 530

The amendment of sections 5168.60, 5168.61, 5168.63, and 531
5168.64 of the Revised Code, the new enactment of section 5168.62 532
of the Revised Code, and the repeal of section 5168.62 of the 533
Revised Code by this act take effect July 1, 2019." 534

The motion was _____ agreed to.

SYNOPSIS

Summary suspension of supportive living certificates 535

R.C. 5123.166 and 5123.1612 536

Expands the Director's authority to issue a summary 537
suspension of a supported living certificate holder's authority to 538
continue to provide supported living when the certificate holder's 539
noncompliance with specified requirements causes an immediate 540
danger of causing serious injury, harm, impairment, or death to an 541
individual receiving supported living services. 542

Specifies that a summary suspension under those circumstances 543
is not subject to the Administrative Procedures Act (R.C. Chapter 544
119.). 545

Franchise permit fees for ICFs/IID 546

R.C. 5168.60, 5168.61, 5168.62 (repealed and new enact), 547
5168.63, and 5168.64; Section 812.20 548

Increases the rate of the franchise permit fee imposed on 549
intermediate care facilities for individuals with intellectual 550
disabilities (ICFs/IID) from \$18.02 to \$23.95 for FY 2020 and to 551
\$24.89 for each fiscal year thereafter. 552

Provides for the franchise permit fee to be assessed 553
quarterly instead of annually. 554

Provides that an ICF/IID's franchise permit fee for a quarter 555
is to equal the franchise permit fee rate multiplied by the number 556
of the ICF/IID's inpatient days for the quarter. 557

ICF/IID quality indicators 558

R.C. 5124.15 and 5124.24; Sections 261.____ and 261.____ 559

Delays the addition of the quality incentive payment to the 560
Medicaid payment rates, for ICFs/IID, from July 1, 2020, to July 561
1, 2021, or a later date if specified by the General Assembly in 562
future legislation. 563

Requires the Director of Developmental Disabilities to 564
establish a workgroup to recommend new quality indicators to be 565
used to determine ICF/IIDs' quality incentive payments. 566

Eliminates the current quality indicators and instead 567
requires that new quality indicators be created based on the 568
recommendations made by the workgroup. 569

Modifies the formula to be used to determine the relative 570
weight point value used in determining an ICF/IID's quality 571
incentive payment. Provides for ICF/IIDs to continue to receive 572
direct support personnel payments when they begin to receive 573
quality incentive payments but at a reduced amount. 574

Outlier ICF/IID services Medicaid rate add-on 575

R.C. 5124.26 576

Permits the Department of Developmental Disabilities to pay 577
an ICF/IID a Medicaid rate add-on for outlier services that the 578
ICF/IID provides. 579

Requires that to be eligible to receive outlier ICF/IID 580
services, an individual must be a Medicaid recipient, be 581
determined to need intensive behavioral support services, and meet 582
any other requirements specified by the Department. 583

Requires the Department to negotiate the amount of the 584
Medicaid payment rate add-on with the Department of Medicaid. 585