**HB 64 ICF Amendment - Joint Association 03-10-2015**

After line 52759, insert the following:

**Sec. 5123.042.** (A) As used in this section, "ICF/IID" and "downsized ICF/IID" have the same meanings as in section 5124.01 of the Revised Code.

(B) Except as provided in section 5123.197 of the Revised Code, each person or government entity seeking to develop new or modify existing residential services shall submit to the department of developmental disabilities a plan for the development or modification. The department shall approve a plan that is submitted in accordance with rules adopted under this section and meets the uniform standards for plans established in those rules.

(C) The director of developmental disabilities shall approve a plan submitted under this section that meets all of the following requirements:

(1) The plan proposes that an existing ICF/IID become a downsized ICF/IID;

(2) The plan does not increase the total number of ICF/IID beds in the state;

(3) The plan does not propose a new ICF/IID with more than eight beds;

(4) The plan may propose that any of the following are located on adjoining property sites:

(a) The existing ICF/IID;

(b) One or more of the new ICFs/IID.

(D) The director of developmental disabilities shall adopt rules in accordance with Chapter 119. of the Revised Code establishing the following:

~~(A)~~ (1) Procedures for submitting plans under this section;

~~(B)~~ (2) Uniform standards for the plans."

Delete lines 53185 to 53214

In line 53303, after the period insert "Except as requested by an applicant or licensee, the director shall not require two or more residential facilities to be licensed under a single license."

In line 53308, delete "issue an"

Delete line 53309

In line 53310, delete "facility,"

In line 53327, delete everything after "(3)"

Delete lines 53328 to 53330

In line 53331, delete "(4)"

In line 53342, restore "(4)" and delete "(5)"

In line 53361, strike through "(6)" and insert "(5)"

In line 53376, strike through "(7)" and insert "(6)"

In line 53381, strike through "(8)" and insert "(7)"

In line 53389, strike through "(9)" and insert "(8)"

In line 53693, after "~~(T)~~" insert "(R)"; restore the balance of the line

Restore lines 53694 to 53701

In line 53702, delete "(R)" and insert "(S)"

In line 54592, delete "The" and insert "(A) Except as provided in division (B) of this section, the"

In line 54593, delete "or peer group 2"

In line 54594, after "is" insert "admitted to the ICF/IID on or after January 1, 2016, and who is"

After line 54614, insert the following:

"(B) Division (A) of this section does not apply to an ICF/IID for which any of the following is the case:

(1) The ICF/IID has a medicaid-certified capacity not exceeding sixteen;

(2) The ICF/IID is a downsized ICF/IID or partially converted ICF/IID;

(3) The provider of the ICF/IID obtains the department's approval to become a downsized ICF/IID or to convert some or all of its beds to home and community-based services under section 5124.60 of the Revised Code and the approval is conditioned on the downsizing or conversion being completed not later than July 1, 2018."

Delete lines 54783 to 54949 and insert the following:

"**Sec. 5124.68.** (A) Except as provided in division (D) of this section, before an ICF/IID in peer group 1 admits an individual as a resident, the ICF/IID shall notify the county board of developmental disabilities serving the county in which the individual resides that the ICF/IID intends to admit the individual to fill a existing or expected vacancy in the ICF/IID.

(B) Not later than five business days after receiving the notification under division (A) of this section, the county board shall evaluate the individual and provide counseling to the individual and the individual's guardian on both of the following:

(1) The nature, extent, and timing of the services that the individual needs;

(2) Options for the individual to receive the needed services.

(C) The individual may choose to receive ICF/IID services from the ICF/IID after being fully informed of all available alternatives.

(D) Division (A) of this section does not apply to an individual seeking admission to an ICF/IID in peer group 1 if any of the following is the case:

(1) The individual is a medicaid recipient receiving ICF/IID services on the date immediately preceding the date the individual is admitted to the ICF/IID;

(2) The individual is a medicaid recipient returning to the ICF/IID following a temporary absence for which the ICF/IID is paid to reserve a bed for the individual pursuant to section 5124.34 of the Revised Code;

(3) The requirements of division (A) of this section are satisfied but the county board fails to take the actions required by division (B) of this section before the deadline specified in that division. In such a case, the county board may provide the evaluation and counseling required by that division after the individual is admitted to the ICF/IID.

(E) Immediately after an individual to whom a county board provides evaluation and counseling under division (B) or (D)(3) of this section informs the county board that the individual desires to receive services under a medicaid waiver component instead of from the ICF/IID, the county board, notwithstanding a waiting list for the component established pursuant to section 5126.042 of the Revised Code, shall enroll the resident in the component if all of the following apply:

(1) The resident has been on a waiting list for the component pursuant to section 5126.042 of the Revised Code since at least December 1, 2014;

(2) The resident is eligible and chooses to enroll in the component;

(3) The component has an available slot;

(4) The director of developmental disabilities determines that the department has the funds necessary to pay the nonfederal share of the medicaid expenditures for the home and

community-based services provided to the resident under the component.

**Sec. 5124.69.** (A) The department of developmental disabilities shall develop and make available to all county boards of developmental disabilities a written pamphlet that describes all of the items and services covered by medicaid as ICF/IID services and as home and community-based services.

(B) Each county board may provide the pamphlet to residents of ICFs/IID who receive ICF/IID services and the guardians of such residents and may discuss the items and services described in the pamphlet with those residents and their guardians.

(C) Not later than thirty days after a resident of an ICF/IID who receives ICF/IID services, or the resident's guardian, indicates to the county board an interest in enrolling the resident in a medicaid waiver component providing home and community-based services, the county board, notwithstanding a waiting list for the component established pursuant to section 5126.042 of the Revised Code, shall enroll the resident in the component if all of the following apply:

(1) The resident has been on a waiting list for the component pursuant to section 5126.042 of the Revised Code since at least December 1, 2014;

(2) The resident is eligible and chooses to enroll in the component;

(3) The component has an available slot;

(4) The director of developmental disabilities determines that the department has the funds necessary to pay the nonfederal share of the medicaid expenditures for the home and

community-based services provided to the resident under the component.

**Sec. 5124.70.** (A) This section does not apply to an ICF/IID to which any of the following apply:

(1) Both of the following apply to the ICF/IID:

(a) On or before January 1, 2015, the ICF/IID became a downsized ICF/IID or partially converted ICF/IID.

(b) On January 1, 2015, the ICF/IID's medicaid-certified capacity was at least twenty per cent less than the greatest medicaid-certified capacity it had before it became a downsized ICF/IID or partially converted ICF/IID.

(2) The individuals who reside in sleeping rooms in the ICF/IID that include more than one other resident are either of the following:

(a) Children;

(b) Other individuals, if the department determines that the individuals' needs or circumstances support maintaining their existing sleeping room arrangement.

(B) Except as provided in division (D) of this section, an ICF/IID operator shall not permit more than two residents to reside in the same sleeping room.

(C)(1) If, on the effective date of this section, more than two residents of an ICF/IID reside in the same sleeping room, the ICF/IID operator shall submit to the department of developmental

disabilities for its review a plan to come into compliance with division (B) of this section. The operator shall submit the plan not later than December 31, 2015.

(2) The plan shall include all of the following:

(a) The date by which not more than two residents will reside in the same sleeping room, which shall be not later than December 31, 2023;

(b) Detailed descriptions of the actions the ICF/IID operator will take to come into compliance with division (B) of this section, which may include becoming either a downsized ICF/IID

or a partially converted ICF/IID;

(c) The ICF/IID's projected medicaid-certified capacity for each year covered by the plan;

(d) If the plan requires discharging one or more individuals, a discharge planning process that includes providing information to residents regarding home and community-based services.

(3) The plan shall not include the creation of a new ICF/IID that has a medicaid-certified capacity that is greater than eight.

(D)(1) Before January 1, 2016, an ICF/IID operator may permit more than two residents to reside in the same sleeping room if more than two residents resided in the same sleeping room on the effective date of this section.

(2) On and after January 1, 2016, an ICF/IID operator may permit more than two residents to reside in the same sleeping room only if all of the following apply:

(a) More than two residents resided in the same sleeping room on the effective date of this section.

(b) The operator has submitted a plan in accordance with division (C) of this section.

(c) Either of the following applies:

(i) The department has approved and the operator complies with the plan.

(ii) The department has not decided whether to approve the plan.

(E) The department shall review each plan submitted under division (C) of this section and decide whether to approve the plan. In making this decision, the department shall consider both of the following:

(1) Whether the plan conforms to the requirements of division (C) of this section;

(2) The feasibility of completing the implementation as described in the plan.

**Sec. 5124.71.** (A) As used in this section, "low acuity resident" means a resident of an ICF/IID who is placed in the chronic behaviors and typical adaptive needs classification or the typical

adaptive needs and non-significant behaviors classification established for the grouper methodology prescribed in rules authorized by section 5124.192 of the Revised Code.

(B) The department of developmental disabilities shall identify all low acuity residents and the ICFs/IID in which they reside. The department shall rank the ICFs/IID by number of low acuity residents and by the proportion of the total number of residents in the ICF/IID who are low acuity residents.

(C) The department shall contact each ICF/IID identified under division (B) of this section and shall discuss with the ICF/IID opportunities for the ICF/IID to become a downsized ICF/IID or to convert some or all of its beds to home and community-based services under section 5124.60 of the Revised Code. For the purpose of this division, the department shall prioritize ICFs/IID that rank as having larger numbers or higher proportions of low acuity residents under division (B) of this section.

(D) The department shall provide assistance, as the department determines to be appropriate under the circumstances, to ICFs/IID that express interest in becoming downsized ICFs/IID or in converting beds to home and community-based services."

In line 55099, after "division" insert "(E) of section 5124.68 or division"; delete "(D)" and insert "(C)"

In lines 75149 and 75311, delete "$3.69" and insert "$4.80"

In lines 75150 and 75312, delete "$3.19" and insert "$4.15"

In lines 75155, 75187, 75317, and 75349, delete "$68.98" and insert "$79.33"

In lines 75156, 75188, 75318, and 75350, delete "$59.60" and insert "$68.54"

In line 75195, delete "The" and insert "Except as provided in division (E) of this section, the"

In line 75196, delete "or peer group 2"

In line 75197, after "is" insert "admitted to the ICF/IID on or after January 1, 2016, and who is"

In line 75218, after "(E)" insert the following:

"Division (D) of this section does not apply to an ICF/IID for which any of the following is the case:

(1) The ICF/IID has a medicaid-certified capacity not exceeding sixteen;

(2) The ICF/IID is a downsized ICF/IID or partially converted ICF/IID;

(3) The provider of the ICF/IID obtains the department's approval to become a downsized ICF/IID or to convert some or all of its beds to home and community-based services under section 5124.60 of the Revised Code and the approval is conditioned on the downsizing or conversion being completed not later than July 1, 2018.

(F)"

In line 75222, delete "(G)" and insert "(H)"

In line 75228, delete "(F)" and insert "(G)"

In line 75235, delete "(G)" and insert "(H)"

In line 75243, delete "(H)" and insert "(I)"

In line 75249, delete "(I)" and insert "(J)"

In line 75604, delete the period and insert a semicolon

After line 75604, insert the following:

"(4) Include a more accurate resident assessment instrument than the instrument specified in rules adopted under section 5124.03 of the Revised Code."