

_____ moved to amend as follows:

- In line 1 of the title, after "3701.61" insert ", 3701.611" 1
- In line 2 of the title, delete "and" and insert "5123.33," 2
- In line 3 of the title, after "5153.16" insert ", 5162.13, and 3
5162.131" 4
- In line 4 of the title, delete ", 5162.137" 5
- In line 16, after "3701.61" insert ", 3701.611" 6
- In line 17, delete "and" and insert "5123.33,"; after "5153.16" 7
insert ", 5162.13, and 5162.131" 8
- In line 19, delete ", 5162.137" 9
- In line 36, delete ", including the early head start home-based" 10
- Delete line 37 11
- In line 38, delete "States department of health and human services," 12
- In line 54, after "services," insert "department of medicaid," 13
- In line 56, strike through "and" and insert ", to" 14



In line 57, after "programs" insert ", and to maximize reimbursement for the help me grow program from any federal source" 15 16

In line 64, after "services," insert "department of medicaid," 17

In line 91, after "providers." insert "Each report shall include an evaluation addressing the number of families and children served, the number and type of services provided, and health and developmental outcomes for participating families and children."; after "shall" insert "submit the report to the general assembly in accordance with section 101.68 of the Revised Code and" 18 19 20 21 22 23

Delete lines 124 through 126 24

In line 135, delete "the following entities" 25

In line 136, delete ": nurse family" 26

Delete lines 137 and 138 27

In line 139, delete "or its successor organization" and insert "entities that demonstrate the use of evidence-based home visiting models" 28 29

In line 141, delete "shall" and insert "may" 30

In line 144, delete "and online services" 31

In line 145, delete "divisions" and insert "division"; delete "and (3)"; after "section" insert "and if approved, the online services described in division (H) (3) of this section" 32 33 34

In line 153, delete "annually submit a report to the" 35

In line 154, delete "governor analyzing" and insert "include in the annual report required by division (F) of this section an analysis of" 36 37

In line 156, delete "over the previous fiscal year" 38

In line 157, delete the second "department" and insert "departments" 39

In line 158, after "services" insert "and medicaid" 40

After line 162, insert: 41

"Sec. 3701.611. (A) The department of health shall create 42
a central intake and referral system for all home visiting 43
programs operating in this state. Through a competitive bidding 44
process, the department of health may select one or more persons 45
or government entities to operate the system. In its oversight 46
of the one or more system operators, the department shall 47
streamline the system to ensure families and children receive 48
services from home visiting programs as described in division 49
(B)(3) of this section. 50

(B) If the department of health chooses to select one or 51
more system operators as described in division (A) of this 52
section, a contract with any system operator shall require that 53
the system do ~~both~~ all of the following: 54

(1) Serve as a single point of entry for access, 55
assessment, and referral of families and children to appropriate 56
home visiting services based on each family's location of 57
residence; 58

(2) Use a standardized form or other mechanism to assess 59
~~for each family member's risk factors and social determinants of~~ 60
~~health, as well as ensure;~~ 61

(3) Ensure that ~~the family is~~ families and children are 62
referred to ~~the appropriate~~ and receive services from home 63
visiting program, which may include a program that uses ~~programs~~ 64
using evidence-based or evidence-informed models and that are 65
appropriate to their level of needs, including the following: 66

(a) Programs using home visiting contractors ~~who~~ that 67

provide services within a pathways community HUB ~~that fully or~~ 68
~~substantially complies with the pathways community HUB~~ 69
~~certification standards developed~~ certified by the pathways 70
community HUB institute; 71

(b) Programs that provide services using the early head 72
start home-based option; 73

(c) Programs that provide services using other available 74
evidence-based or evidence-informed home visiting models or 75
strategies, including those supported by the state and specified 76
by the department. 77

(C) The standardized form or other mechanism described in 78
division (B) (2) of this section shall be agreed to by the home 79
visiting consortium created under section 3701.612 of the 80
Revised Code. 81

(D) A contract entered into under division (B) of this 82
section shall require a system operator to issue an annual 83
report to the department of health that includes data regarding 84
referrals made by the central intake and referral system, costs 85
associated with the referrals, and the quality of services 86
received by families and children who were referred to services 87
through the system. The report shall be distributed to the home 88
visiting consortium created under section 3701.612 of the 89
Revised Code. 90

(E) After referring a family to a home visiting services 91
provider, the system operator shall notify the director of 92
health of the referral. As soon as practicable after receiving 93
notice of the referral, the director shall request, as described 94
in division (D) (2) (d) of section 3301.0714 of the Revised Code, 95
the independent contractor engaged to create and maintain 96

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| <u>student data verification codes under section 3301.0723 of the</u> | 97 |
| <u>Revised Code to assign a data verification code to the referred</u> | 98 |
| <u>family's child. The director may use the code to evaluate the</u> | 99 |
| <u>effectiveness of home visiting services received by the family's</u> | 100 |
| <u>child and any outcomes for the child.</u> | 101 |
| | |
| <u>(F) Nothing in this section is intended to do any of the</u> | 102 |
| following: | 103 |
| | |
| (1) Prohibit the department of health from using | 104 |
| alternative promotional materials or names for the central | 105 |
| intake and referral system; | 106 |
| | |
| (2) Require the use of help me grow program promotional | 107 |
| materials or names; | 108 |
| | |
| (3) Prohibit providers, central coordinators, the | 109 |
| department of health, or stakeholders from using the help me | 110 |
| grow name for promotional materials for home visiting.-" | 111 |
| | |
| In line 166, after " <u>woman</u> " insert " <u>through the delivery of a child</u> | 112 |
| <u>and immediately after the delivery including</u> " | 113 |
| | |
| In line 274, delete " <u>program operated</u> " and insert " <u>medicaid coverage</u> | 114 |
| <u>of doula services required</u> " | 115 |
| | |
| In line 276, delete " <u>Make recommendations to the medicaid director</u> " | 116 |
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| Delete line 277 | 117 |
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| In line 278, delete " <u>of the Revised Code</u> " and insert " <u>Beginning two</u> | 118 |
| <u>years after the effective date of this section and annually thereafter,</u> | 119 |
| <u>submit a report to the general assembly in accordance with section 101.68</u> | 120 |
| <u>of the Revised Code including the following information regarding the</u> | 121 |
| <u>doula services provided pursuant to sections 5120.658 and 5164.071 of the</u> | 122 |
| <u>Revised Code:</u> | 123 |

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| <u>(a) The number of pregnant women and infants served;</u> | 124 |
| <u>(b) The number and types of doula services provided;</u> | 125 |
| <u>(c) Outcome metrics, including maternal and infant health</u> <u>outcomes"</u> | 126 127 |
| In line 303, after "outcomes" insert "; | 128 |
| <u>(3) Evaluates the number of fathers and children served</u> <u>and the number and types of additional services provided as a</u> <u>result of the recommendations made to the director of job and</u> <u>family services pursuant to section 5101.805 of the Revised</u> <u>Code"; after "." insert:</u> | 129 130 131 132 133 |
| <u>"The commission shall submit each report to the general</u> <u>assembly in accordance with section 101.68 of the Revised Code."</u> | 134 135 |
| In line 756, after " <u>in</u> " insert " <u>evidence-based parenting education</u> <u>programs, including"</u> | 136 137 |
| In line 760, delete " <u>the program</u> " and insert " <u>such programs</u> " | 138 |
| In line 761, delete " <u>its</u> " and insert " <u>their</u> "; delete " <u>the program's</u> " and insert " <u>their</u> " | 139 140 |
| In line 806, delete " <u>standards</u> " and insert " <u>both of the following:</u> <u>(1) Standards"; delete "thirty-</u> <u>eight</u> " and insert " <u>twenty-eight</u> " | 141 142 143 |
| In line 808, after " <u>conditions</u> " insert "; | 144 |
| <u>(2) Standards that provide to an infant born between</u> <u>twenty-eight and thirty-eight weeks of gestational age home</u> <u>visiting services pursuant to section 3701.61 of the Revised</u> <u>Code that include developmental screening and, if appropriate</u> <u>based on the results of the screening, a referral for part C</u> | 145 146 147 148 149 |

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| <u>early intervention program services"</u> | 150 |
| After line 823, insert: | 151 |
| "Sec. 5123.33. (A) <u>In its annual report, the department</u> | 152 |
| of developmental disabilities shall include a <u>both of the</u> | 153 |
| <u>following:</u> | 154 |
| <u>(1) A list of the officers and agents employed, and</u> | 155 |
| complete financial statement of the various institutions under | 156 |
| its control. The report shall describe the condition of each | 157 |
| institution, and shall state, as to each institution, whether: | 158 |
| (A) <u>(a) The moneys appropriated have been economically and</u> | 159 |
| judiciously expended; | 160 |
| (B) <u>(b) The objects of the institutions have been</u> | 161 |
| accomplished; | 162 |
| (C) <u>(c) The laws in relation to such institutions have</u> | 163 |
| been fully complied with; | 164 |
| (D) <u>(d) All parts of the state are equally benefited by</u> | 165 |
| the institutions. | 166 |
| <u>(2) The following information regarding this state's part</u> | 167 |
| <u>C early intervention services program established pursuant to</u> | 168 |
| <u>rules authorized under section 5123.0421 of the Revised Code:</u> | 169 |
| <u>(a) The number of families and infants served;</u> | 170 |
| <u>(b) The number and types of early intervention services</u> | 171 |
| <u>provided;</u> | 172 |
| <u>(c) The age of infants on the referral date and the source</u> | 173 |
| <u>of the referral, including an indication if the referral was</u> | 174 |
| <u>made by a home visiting provider;</u> | 175 |

(d) Outcome metrics for participating families and 176
infants. 177

~~Such~~ (B) Each annual report shall be accompanied by the 178
reports of the managing officers, such other information as the 179
department considers proper, and the department's 180
recommendations for the more effective accomplishment of the 181
general purpose of this chapter. 182

(C) The department shall submit each annual report to the 183
general assembly in accordance with section 101.68 of the 184
Revised Code." 185

After line 994, insert: 186

"Sec. 5162.13. (A) On or before the first day of January 187
of each year, the department of medicaid shall complete a report 188
on the effectiveness of the medicaid program in meeting the 189
health care needs of low-income pregnant women, infants, and 190
children. The report shall include all of the following, 191
delineated by race and ethnic group: 192

(1) The estimated number of pregnant women, infants, and 193
children eligible for the program; 194

(2) The actual number of eligible persons enrolled in the 195
program; 196

(3) The actual number of enrolled pregnant women 197
categorized by estimated gestational age at time of enrollment; 198

(4) The average number of days between the following 199
events: 200

(a) A pregnant woman's application for medicaid and 201
enrollment in the fee-for-service component of medicaid; 202

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| (b) A pregnant woman's application for enrollment in a medicaid managed care organization and enrollment in the managed care organization. | 203 204 205 |
| The information described in divisions (A) (4) (a) and (b) of this section shall also be delineated by county and the urban and rural communities specified in rules adopted under section 3701.142 of the Revised Code. | 206 207 208 209 |
| (5) The number of prenatal, postpartum, and child health visits; | 210 211 |
| (6) The estimated number of enrolled women of child- bearing age who use a tobacco product; | 212 213 |
| (7) The estimated number of enrolled women of child- bearing age who participate in a tobacco cessation program or who use a tobacco cessation product; | 214 215 216 |
| (8) The rates at which enrolled pregnant women receive addiction or mental health services, progesterone therapy, and any other service specified by the department; | 217 218 219 |
| (9) A report on birth outcomes, including a comparison of low-birthweight births and infant mortality rates of medicaid recipients with the general female child-bearing and infant population in this state; | 220 221 222 223 |
| (10) A comparison of the prenatal, delivery, and child health costs of the program with such costs of similar programs in other states, where available; | 224 225 226 |
| (11) A report on performance data generated by the component of the state innovation model (SIM) grant pertaining to episode-based payments for perinatal care that was awarded to this state by the center for medicare and medicaid innovation in | 227 228 229 230 |

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| the United States centers for medicare and medicaid services; | 231 |
| (12) A report on funds allocated for infant mortality | 232 |
| reduction initiatives in the urban and rural communities | 233 |
| specified in rules adopted under section 3701.142 of the Revised | 234 |
| Code; | 235 |
| (13) A report on the results of client responses to | 236 |
| questions related to pregnancy services and healthcheck that are | 237 |
| asked by the personnel of county departments of job and family | 238 |
| services; | 239 |
| (14) A comparison of the performance of the fee-for- | 240 |
| service component of medicaid with the performance of each | 241 |
| medicaid managed care organization on perinatal health metrics; | 242 |
| <u>(15) Beginning two years after the effective date of this</u> | 243 |
| <u>amendment, a report on the medicaid coverage of doula services</u> | 244 |
| <u>required by section 5164.071 of the Revised Code, including:</u> | 245 |
| <u>(a) Outcomes related to maternal health and maternal</u> | 246 |
| <u>morbidity;</u> | 247 |
| <u>(b) Infant health outcomes;</u> | 248 |
| <u>(c) The average costs of providing doula services to</u> | 249 |
| <u>mothers and infants;</u> | 250 |
| <u>(d) Estimated cost increases or savings as a result of</u> | 251 |
| <u>providing doula coverage.</u> | 252 |
| (B) The department shall submit the report to the general | 253 |
| assembly in accordance with section 101.68 of the Revised Code | 254 |
| and to the joint medicaid oversight committee. The department | 255 |
| also shall make the report available to the public. | 256 |
| <u>(C) The department shall provide to the joint medicaid</u> | 257 |

oversight committee a copy of the data used to calculate the 258
information required in the report under division (A) (15) of 259
this section. 260

Sec. 5162.131. Semiannually, the medicaid director shall 261
complete a report on the establishment and implementation of 262
programs designed to control the increase of the cost of the 263
medicaid program, increase the efficiency of the medicaid 264
program, and promote better health outcomes, including 265
demonstrating cost savings resulting from program investments. 266
The director shall submit the report to the general assembly in 267
accordance with section 101.68 of the Revised Code and to the 268
joint medicaid oversight committee. In each calendar year, one 269
report shall be submitted not later than the last day of June 270
and the subsequent report shall be submitted not later than the 271
last day of December. " 272

Delete lines 995 through 999 273

In line 1003, delete "operate a program to" 274

In line 1009, delete "Outcome" and insert "Any provider outcome"; 275
delete "and" and insert "or"; after "incentives" insert "the department of 276
medicaid implements"; delete "program" and insert "Medicaid coverage of 277
doula services" 278

In line 1011, after "withhold" insert "provider or managed care 279
plan"; delete "The medicaid" 280

Delete lines 1012 through 1015 281

In line 1022, after "shall" insert "seek approval from the United 282
States centers for medicare and medicaid services to" 283

After line 1042, insert: 284

"(D) If the waiver component is implemented, at the end of 285
the second year after its implementation date, the medicaid 286
director shall prepare and submit a report to the general 287
assembly in accordance with section 101.68 of the Revised Code 288
that includes the following information regarding the children 289
described in division (B) of this section, excluding the 290
children described in division (C) of this section: 291

(a) The number of children from birth through age three 292
determined eligible for medical assistance or child health 293
assistance during the two-year period after the waiver component 294
is implemented; 295

(b) The average cost per child of a child from birth 296
through age three that received medical assistance or child 297
health assistance during fiscal years 2018-2019, 2020-2021, 298
2022-2023, and 2024-2025, respectively; 299

(c)The average number of preventive services provided per 300
child from birth through age three under a medical assistance or 301
child health assistance program during the two-year period after 302
the waiver component is implemented." 303

In line 1043, after "3701.61" insert ", 3701.611" 304

In line 1044, delete "and" and insert "5123.33,"; after "5153.16"
insert ", 5162.13, and 5162.131" 305
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In line 1085, after "4." insert "(A)" 307

In line 1092, delete "(A)" and insert "(1)" 308

In line 1094, delete "(B)" and insert "(2)" 309

In line 1098, delete "(C)" and insert "(3)" 310

In line 1101, delete "(D)" and insert "(4)" 311

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| In line 1104, delete "(E)" and insert "(5)" | 312 |
| In line 1107, delete "(F)" and insert "(6)" | 313 |
| In line 1111, delete "(1)" and insert "(a)" | 314 |
| In line 1113, delete "(2)" and insert "(b)" | 315 |
| In line 1114, delete "(3)" and insert "(c)" | 316 |
| In line 1116, delete "(4)" and insert "(d)" | 317 |
| In line 1117, delete "(5)" and insert "(e)" | 318 |
| In line 1118, delete "(G)" and insert "(7)" | 319 |
| In line 1121, delete "(H)" and insert "(8)" | 320 |
| In line 1124, delete "(1)" and insert "(a)" | 321 |
| In line 1126, delete "(2)" and insert "(b)" | 322 |
| In line 1128, delete "(3)" and insert "(c)" | 323 |
| In line 1131, delete "(4)" and insert "(d)" | 324 |
| In line 1132, delete "(5)" and insert "(e)" | 325 |
| In line 1133, delete "(6)" and insert "(f)" | 326 |
| In line 1135, delete "(7)" and insert "(g)" | 327 |
| In line 1137, delete "(I)" and insert "(9)" | 328 |
| In line 1139, delete "(J)" and insert "(10)" | 329 |
| After line 1140, insert: | 330 |
| "(B) On the dates one year after the effective date of | 331 |
| this section and two years after the effective date of this | 332 |
| section, the Department of Health shall submit a report to the | 333 |
| General Assembly in accordance with section 101.68 of the | 334 |

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| Revised Code summarizing the data collected pursuant to division | 335 |
| (A) (8) of this section." | 336 |
| After line 1158, insert: | 337 |
| "The report shall include an evaluation of the grant | 338 |
| program that addresses the number of women, mothers, and | 339 |
| children served, the number and type of services provided, and | 340 |
| any health and developmental outcomes for participating women, | 341 |
| mothers, and children." | 342 |
| In line 1161, after "program." insert "The Department shall submit a | 343 |
| report summarizing the results of the study to the General Assembly in | 344 |
| accordance with section 101.68 of the Revised Code one year after the | 345 |
| effective date of this section." | 346 |
| After line 1192, insert: | 347 |
| "(D) The Department shall evaluate the program on a | 348 |
| periodic basis and shall address the number of families and | 349 |
| children served, the number and type of services provided, and | 350 |
| any health and developmental outcomes for participating families | 351 |
| and children." | 352 |
| In line 1193, delete "The" and insert "(A) Not later than June 30, | 353 |
| 2025, the" | 354 |
| In line 1207, delete "(A)" and insert "(1)" | 355 |
| In line 1210, delete "(B)" and insert "(2)" | 356 |
| In line 1212, delete "(C)" and insert "(3)" | 357 |
| After line 1218, insert: | 358 |
| "(B) Not later than one year after the effective date of | 359 |
| this section, the Medicaid Director shall submit a report to the | 360 |
| Governor and, in accordance with section 101.68 of the Revised | 361 |

Code, the General Assembly that includes both of the following: 362

(1) Information about how the Department of Medicaid has 363
engaged stakeholders to develop the necessary guidance, manuals, 364
training, and billing code use procedures associated with the 365
Medicaid coverage described under division (A) of this section; 366

(2) An evaluation of the Medicaid coverage described in 367
division (A) of this section, including: 368

(a) The number of families and children served; 369

(b) The number and types of services provided; 370

(c) Outcome metrics for families and children served." 371

After line 1236, insert: 372

"Within one year of the effective date of this section, 373
the Department shall submit a report to the General Assembly in 374
accordance with section 101.68 of the Revised Code detailing the 375
number of families served by stable housing initiatives 376
including Move to Prosper efforts, the number and type of 377
services provided, and outcome metrics including health and 378
developmental outcomes." 379

In the table on line 1238, in row C, column 5, delete "\$2,000,000" 380
and insert "\$0" 381

In the table on line 1238, in row D, column 5, delete "\$2,000,000" 382
and insert "\$0" 383

In the table on line 1238, in row E, column 5, delete "\$2,000,000" 384
and insert "\$0" 385

In line 1243, delete "thirty-eight" and insert "twenty-eight"; after 386
"age" insert "and infants born between twenty-eight and thirty-eight weeks 387
of gestational age who are referred for services" 388

After line 1244, insert: 389

"An amount equal to the unexpended, unencumbered balance 390
of appropriation item 322421, Part C Early Intervention, at the 391
end of fiscal year 2024 is hereby reappropriated to the same 392
appropriation item for the same purpose in fiscal year 2025." 393

In the table on line 1246, in row D, column 4, delete "\$3,000,000" 394
and insert "\$5,000,000" 395

In the table on line 1246, in row E, column 4, delete "\$4,000,000" 396
and insert "\$2,000,000"; column 5, delete "\$4,000,000" and insert 397
"\$2,000,000" 398

In the table on line 1246, in row F, column 4, delete "\$525,000" and 399
insert "\$500,000"; column 5, delete "\$525,000" and insert "\$500,000" 400

In the table on line 1246, in row H, column 4, delete "\$10,525,000" 401
and insert "\$10,500,000"; column 5, delete "\$10,525,000" and insert 402
"\$8,500,000" 403

In the table on line 1246, in row I, column 4, delete "\$10,525,000" 404
and insert "\$10,500,000"; column 5, delete "\$10,525,000" and insert 405
"\$8,500,000" 406

After line 1251, insert: 407

"Of the foregoing appropriation item 440459, Help Me Grow, 408
\$2,000,000 in fiscal year 2024 shall be used for home visiting 409
services and to screen infants who were born at low birth 410
weights and between the gestational ages of twenty-eight to 411
thirty-eight weeks to determine if the infant could benefit from 412
receiving Part C Early Intervention services. An amount equal to 413
the unexpended, unencumbered balance of this allocation at the 414
end of fiscal year 2024 is hereby reappropriated to the same 415

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| appropriation item for the same purpose in fiscal year 2025." | 416 |
| In line 1252, delete "foregoing" and insert "remainder of" | 417 |
| In line 1270, after the first "in" insert "parenting education programs, including"; after "Program" insert ", " | 418 419 |
| In line 1278, delete "\$3,000,000" and insert "\$1,000,000" | 420 |
| In line 1279, after "services" insert "and similar evidence-based and evidence-informed group pregnancy education programs and targeted outreach to at-risk pregnant mothers and mothers of infants" | 421 422 423 |
| In the table on line 1299, delete row D | 424 |
| In the table on line 1299, in row E, column 4, delete "\$4,500,000" and insert "\$3,000,000"; column 5, delete "\$4,500,000" and insert "\$3,000,000" | 425 426 427 |
| In the table on line 1299, in row F, column 4, delete "\$4,500,000" and insert "\$3,000,000"; column 5, delete "\$4,500,000" and insert "\$3,000,000" | 428 429 430 |
| Delete lines 1304 through 1310 | 431 |
| In line 1315, after "shall" insert "first"; delete "to" and insert "for the development of online and other training tools, service and referral supports, and to evaluate program impact with a child care professional cohort. Any remaining amounts shall be used to" | 432 433 434 435 |
| In line 1319, delete "Funds" | 436 |
| Delete lines 1320 through 1322 | 437 |

The motion was _____ agreed to.

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| <u>SYNOPSIS</u> | 438 |
| Doula services | 439 |
| R.C. 4723.89, 4723.90, 5162.13, and 5164.071 | 440 |
| Modifies the definition of "doula" to include that a doula provides support to a pregnant woman "through the delivery of a child and immediately after the delivery." | 441 442 443 |
| Eliminates the requirement that the Doula Advisory Board make recommendations to the Medicaid Director regarding the adoption of rules regulating Medicaid coverage of doula services. | 444 445 446 447 |
| Eliminates the requirement that the Medicaid Director complete an annual report regarding doula services, and instead incorporates the reporting requirements into an existing annual report. | 448 449 450 451 |
| Continuous Medicaid enrollment for young children | 452 |
| R.C. 5166.45 | 453 |
| Requires ODM to seek CMS approval for the bill's continuous Medicaid enrollment for Medicaid-eligible children from birth through age three. | 454 455 456 |
| Medicaid coverage of mental health and dyadic family therapy services for children and caregivers | 457 458 |
| Section 8 | 459 |
| Requires the bill's provisions regarding Medicaid coverage of mental health and dyadic family therapy services for children and their caregivers to be implemented by June 30, 2025. | 460 461 462 |
| Requires the Medicaid Director to submit a report to the | 463 |

Governor and the General Assembly one year after the bill's 464
effective date with information about how ODM has engaged 465
stakeholders regarding the bill's requirements relating to 466
Medicaid coverage of mental health and dyadic family therapy 467
services for children and caregivers. 468

ODJFS - promotion of parenting programs 469

R.C. 5101.91 470

Revises the requirement that ODJFS develop strategies for 471
state entities to use in promoting the "Positive Parenting 472
Program" and instead requires the development of strategies to 473
promote any state-funded evidence-based parenting education 474
program. 475

Help Me Grow Program 476

R.C. 3701.61 and 3701.611 477

Revises the substitute bill's provisions regarding ODH's 478
Help Me Grow Program, including by doing the following: 479

(1) Adding the Department of Medicaid as another agency 480
that ODH must enter into interagency agreements with in order to 481
implement Help Me Grow and coordinate early childhood programs; 482

(2) Specifying that those interagency agreements are also 483
to assist ODH in maximizing program reimbursement from any 484
federal source; 485

(3) Including the Department of Medicaid in the list of 486
agencies described in the coordination of home visiting services 487
and regarding the collaboration to develop strategies to 488
increase the workforce capacity of home visiting service 489
providers and parenting support professionals; 490

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| (4) Requiring an entity under contract with ODH to operate the Help Me Grow Central Intake and Referral System to ensure that families and children are referred to and receive services from home visiting service providers using evidence-based or evidence-informed home visiting program models and that are appropriate to the needs of families and children; | 491 492 493 494 495 496 |
| (5) Requiring that entity to notify the ODH Director of referrals and requiring the Director to request data verification codes for the children of referred families to evaluate the effectiveness of home visiting services and to measure children's outcomes; | 497 498 499 500 501 |
| (6) Requires ODH in its oversight of Central Intake and Referral System operators to streamline the system to ensure the provision of evidence-based and evidence-informed services; | 502 503 504 |
| (7) Eliminating provisions requiring the ODH Director to specify Nurse Family Partnership, Healthy Families America, and Parents as Teachers as eligible providers of home visiting services and instead requiring the ODH Director to specify providers that use evidence-based home visiting models; | 505 506 507 508 509 |
| (8) Authorizing, rather than requiring, the ODH Director to allow home visiting services to be provided online; | 510 511 |
| (9) Requiring the ODH Director to include its analysis of the impact of evidence-based home visiting service providers and the provision of online services in an annual report already required by current law, rather than in a new, additional report; | 512 513 514 515 516 |
| (10) Removing a provision requiring ODH to include the Early Head Start Home-Based option as a model of evidence-based home visiting services under the Help Me Grow Program. | 517 518 519 |

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| Part C Early Intervention | 520 |
| R.C. 5123.0421 | 521 |
| Reduces from 38 weeks gestational age to 28 weeks | 522 |
| gestational age the infants that are automatically eligible for | 523 |
| Early Intervention Part C under the bill. | 524 |
| Grants to infants born between 28 and 38 weeks gestational | 525 |
| age home visiting services, including a developmental screening | 526 |
| and if appropriate based on the results of the screening, a | 527 |
| referral for Part C Early Intervention program services. | 528 |
| Program reporting requirements | 529 |
| Various sections throughout bill | 530 |
| Requires the agencies administering the programs | 531 |
| established or modified by the bill to each report to the | 532 |
| General Assembly the number of families and infants or children | 533 |
| served, the types of services provided, and outcome metrics for | 534 |
| participating families and infants or children. | 535 |
| Department of Developmental Disabilities | 536 |
| Section 11 | 537 |
| Eliminates the substitute bill's appropriation of | 538 |
| \$2,000,000 in FY 2025 in GRF ALI 322421, Part C Early | 539 |
| Intervention, and modifies earmarking language to specify that | 540 |
| funds are to be used for services provided to infants born | 541 |
| before 28 weeks of gestational age and infants born between 28 | 542 |
| and 38 weeks of gestational age who are referred for services | 543 |
| rather than those born before 38 weeks. Reappropriates the | 544 |
| unexpended, unencumbered balance of this ALI at the end of FY | 545 |
| 2024 to the same appropriation item for the same purpose in FY | 546 |
| 2025. | 547 |

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| Department of Health | 548 |
| Section 12 | 549 |
| Reduces GRF ALI 440484, Public Health Technology Innovation, from \$525,000 in each fiscal year to \$500,000 in each fiscal year. | 550 551 552 |
| Decreases the substitute bill's appropriation in GRF ALI 440474, Infant Vitality, from \$4,000,000 in each fiscal year to \$2,000,000 in each fiscal year. Modifies one earmark in this ALI that is to be used for establishing Centering Pregnancy services in areas of the state where there are gaps in such services in the following manner: (1) reduces the earmark from \$3,000,000 in each fiscal year to \$1,000,000 in each fiscal year; and (2) specifies that funds must be used for Centering Pregnancy services and "for similar evidence-based and evidence-informed group pregnancy education programs and for targeted outreach to at-risk pregnant mothers and mothers of infants" in areas of the state where there are gaps in such services. | 553 554 555 556 557 558 559 560 561 562 563 564 |
| Increases the substitute bill's appropriation to GRF ALI 440459, Help Me Grow, by \$2,000,000 in FY 2024 and requires these additional funds be used for home visiting services and to screen infants who were born at low-birth weights and between the gestational ages of 28 to 38 weeks to determine if the infant could benefit from receiving Part C Early Intervention services. Reappropriates the unexpended, unencumbered balance of this allocation at the end of FY 2024 to the same appropriation item for the same purpose in FY 2025. | 565 566 567 568 569 570 571 572 573 |
| Modifies one of the earmarks in the substitute bill to GRF ALI 440459, Help Me Grow, by specifying that the ALI be used for "parenting education program's, including the Triple P Program" | 574 575 576 |

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| instead of just the "Triple P Program." | 577 |
| Department of Job and Family Services | 578 |
| Section 13 | 579 |
| Removes an appropriation of \$1,500,000 in each fiscal year | 580 |
| in GRF ALI 600551, Job and Family Services Program Support, for | 581 |
| competitive community grants to fund both public and private | 582 |
| transportation services for pregnant women and women with | 583 |
| infants to access health care, nutrition, and housing services | 584 |
| through innovative and evidence-based solutions. | 585 |
| Department of Mental Health and Addiction Services | 586 |
| Section 14 | 587 |
| Makes a change to earmarking language regarding GRF ALI | 588 |
| 336511, Early Childhood Mental Health Counselors and | 589 |
| Consultation, to require that the ALI (1) "first" be used for | 590 |
| the development of online and other training tools, service and | 591 |
| referral supports, and to evaluate program impact with a child | 592 |
| care professional cohort; and (2) the remaining amounts to | 593 |
| support early childhood mental health supports currently | 594 |
| specified in the bill. | 595 |