

As Re-Referred by the House Rules and Reference Committee

135th General Assembly

Regular Session

2023-2024

Sub. H. B. No. 7

Representatives White, Humphrey

Cosponsors: Representatives Liston, McNally

A BILL

To amend sections 3125.18, 3701.61, 3701.611, 1
5101.342, 5101.35, 5101.80, 5101.801, 5123.0421, 2
5123.33, 5153.16, 5162.13, and 5162.131 and to 3
enact sections 4723.89, 4723.90, 5101.805, 4
5101.91, 5104.291, 5120.658, 5164.071, and 5
5166.45 of the Revised Code to support strong 6
foundations for Ohio mothers and babies in their 7
first one thousand days to address maternal and 8
infant mortality, to improve health, 9
developmental, and learning outcomes for babies 10
and mothers through expanded prenatal, 11
postnatal, infant, and toddler health care and 12
early intervention and wraparound services and 13
supports; to name this act the Strong 14
Foundations Act; and to make appropriations. 15

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF OHIO:

Section 1. That sections 3125.18, 3701.61, 3701.611, 16
5101.342, 5101.35, 5101.80, 5101.801, 5123.0421, 5123.33, 17
5153.16, 5162.13, and 5162.131 be amended and sections 4723.89, 18
4723.90, 5101.805, 5101.91, 5104.291, 5120.658, 5164.071, and 19

5166.45 of the Revised Code be enacted to read as follows: 20

Sec. 3125.18. A child support enforcement agency shall 21
administer a Title IV-A program identified under division (A) (4) 22
(c) or ~~(g)~~ (h) of section 5101.80 of the Revised Code that the 23
department of job and family services provides for the agency to 24
administer under the department's supervision pursuant to 25
section 5101.801 of the Revised Code. 26

Sec. 3701.61. (A) The department of health shall establish 27
the help me grow program as the state's evidence-based parent 28
support program that encourages early prenatal and well-baby 29
care, as well as provides parenting education to promote the 30
comprehensive health and development of children. The program 31
shall provide home visiting services to families with a pregnant 32
woman or child under five years of age that meet the eligibility 33
requirements established in rules adopted under this section. 34
Home visiting services shall be provided through evidence-based 35
home visiting models or innovative, promising home visiting 36
models recommended by the Ohio home visiting consortium created 37
under section 3701.612 of the Revised Code. 38

(B) Families shall be referred to the appropriate home 39
visiting services through the central intake and referral system 40
created under section 3701.611 of the Revised Code. 41

(C) To the extent possible, the goals of the help me grow 42
program shall be consistent with the goals of the federal home 43
visiting program, as specified by the maternal and child health 44
bureau of the health resources and services administration in 45
the United States department of health and human services or its 46
successor. 47

(D) The director of health ~~may~~ shall enter into an 48

interagency agreement with one or more state agencies, including 49
the department of developmental disabilities, department of job 50
and family services, department of medicaid, commission on 51
minority health, Ohio fatherhood commission, and children's 52
trust fund board, to implement the help me grow program—and, to 53
ensure coordination of early childhood programs, and to maximize 54
reimbursement for the help me grow program from any federal 55
source. 56

In addition to creating the central intake and referral 57
system as described in section 3701.611 of the Revised Code, the 58
department of health shall establish a comprehensive screening 59
and connection program to support the coordination of home 60
visiting services across the state, including through the 61
department of health, department of developmental disabilities, 62
department of job and family services, department of medicaid, 63
commission on minority health, Ohio fatherhood commission, and 64
children's trust fund board. Following the program's 65
establishment, the department of health shall evaluate on a 66
regular basis the program's effectiveness in coordinating home 67
visiting services. 68

(E) The director may distribute help me grow program funds 69
through contracts, grants, or subsidies to entities providing 70
services under the program. 71

(F) As a condition of receiving payments for home visiting 72
services, providers shall report to the director data on the 73
program performance indicators, specified in rules adopted under 74
division (G) of this section, that are used to assess progress 75
toward achieving all of the following: 76

(1) The benchmark domains established for the federal home 77
visiting program, including improvement in maternal and newborn 78

health; reduction in child injuries, abuse, and neglect; 79
improved school readiness and achievement; reduction in crime 80
and domestic violence; and improved family economic self- 81
sufficiency; 82

(2) Improvement in birth outcomes and reduction in 83
stillbirths, as that term is defined in section 3701.97 of the 84
Revised Code; 85

(3) Reduction in tobacco use by pregnant women, new 86
parents, and others living in households with children. 87

The providers shall report the data in the format and 88
within the time frames specified in the rules. 89

The director shall prepare an annual report on the data 90
received from the providers. Each report shall include an 91
evaluation addressing the number of families and children 92
served, the number and type of services provided, and health and 93
developmental outcomes for participating families and children. 94
The director shall submit the report to the general assembly in 95
accordance with section 101.68 of the Revised Code and make the 96
report available on the internet web site maintained by the 97
department of health. 98

(G) Pursuant to Chapter 119. of the Revised Code, the 99
director shall adopt rules that are necessary and proper to 100
implement this section. The rules shall specify all of the 101
following: 102

(1) Subject to division (H) of this section, eligibility 103
requirements for home visiting services; 104

(2) ~~Eligibility~~ Subject to division (H) of this section, 105
eligibility requirements for providers of home visiting 106
services; 107

(3) Standards <u>Subject to division (H) of this section,</u>	108
<u>standards</u> and procedures for the provision of program services,	109
including data collection, program monitoring, and program	110
evaluation;	111
(4) Procedures for appealing the denial of an application	112
for program services or the termination of services;	113
(5) Procedures for appealing the denial of an application	114
to become a provider of program services or the termination of	115
the department's approval of a provider;	116
(6) Procedures for addressing complaints;	117
(7) The program performance indicators on which data must	118
be reported by providers of home visiting services under	119
division (F) of this section, which, to the extent possible,	120
shall be consistent with federal reporting requirements for	121
federally funded home visiting services;	122
(8) The format in which reports must be submitted under	123
division (F) of this section and the time frames within which	124
the reports must be submitted;	125
(9) Criteria for payment of approved providers of program	126
services;	127
(10) Any other rules necessary to implement the program.	128
(H) <u>(1)</u> When adopting rules required by division (G) (1) of	129
this section, the department <u>director</u> shall specify that	130
families residing in the urban and rural communities specified	131
in rules adopted under section 3701.142 of the Revised Code <u>and</u>	132
<u>families at risk of being in, or engaged with, the child welfare</u>	133
<u>system</u> are to receive priority over other families for home	134
visiting services.	135

(2) When adopting rules required by division (G) (2) of this section, the director shall specify as eligible providers of home visiting services entities that demonstrate the use of evidence-based home visiting models. 136
137
138
139

(3) When adopting rules required by division (G) (3) of this section, the director may allow the provision of home visiting services to be supplemented by services available online or through other electronic means. 140
141
142
143

(I) (1) For the providers described in division (H) (2) of this section and if approved, the online services described in division (H) (3) of this section, the department shall evaluate on a regular basis their effectiveness in serving pregnant women, infants, and toddlers, especially those at risk of being in, or engaged with, the child welfare system. As part of each evaluation, the department shall identify the challenges to participation in the help me grow program that families in rural and Appalachian communities experience and recommend strategies to improve their participation. 144
145
146
147
148
149
150
151
152
153

(2) The department shall include in the annual report required by division (F) of this section an analysis of the impact of the providers and online services described in divisions (H) (2) and (3) of this section. 154
155
156
157

(J) The department, in collaboration with the departments of job and family services and medicaid, shall develop strategies to increase the workforce capacity of home visiting service providers and parenting support professionals, including efforts to incentivize and retain such providers and professionals in this state. 158
159
160
161
162
163

Sec. 3701.611. (A) The department of health shall create a 164

central intake and referral system for all home visiting 165
programs operating in this state. Through a competitive bidding 166
process, the department of health may select one or more persons 167
or government entities to operate the system. In its oversight 168
of the one or more system operators, the department shall 169
streamline the system to ensure families and children receive 170
services from home visiting programs as described in division 171
(B) (3) of this section. 172

(B) If the department of health chooses to select one or 173
more system operators as described in division (A) of this 174
section, a contract with any system operator shall require that 175
the system do ~~both~~ all of the following: 176

(1) Serve as a single point of entry for access, 177
assessment, and referral of families and children to appropriate 178
home visiting services based on each family's location of 179
residence; 180

(2) Use a standardized form or other mechanism to assess 181
~~for each family member's risk factors and social determinants of~~ 182
~~health, as well as ensure;~~ 183

(3) Ensure that the family is families and children are 184
referred to the appropriate and receive services from home 185
visiting program, which may include a program that uses programs 186
using evidence-based or evidence-informed models and that are 187
appropriate to their level of needs, including the following: 188

(a) Programs using home visiting contractors who that 189
provide services within a pathways community HUB ~~that fully or~~ 190
~~substantially complies with the pathways community HUB~~ 191
~~certification standards developed~~ certified by the pathways 192
community HUB institute; 193

<u>(b) Programs that provide services using the early head</u>	194
<u>start home-based option;</u>	195
<u>(c) Programs that provide services using other available</u>	196
<u>evidence-based or evidence-informed home visiting models or</u>	197
<u>strategies, including those supported by the state and specified</u>	198
<u>by the department.</u>	199
(C) The standardized form or other mechanism described in	200
division (B) (2) of this section shall be agreed to by the home	201
visiting consortium created under section 3701.612 of the	202
Revised Code.	203
(D) A contract entered into under division (B) of this	204
section shall require a system operator to issue an annual	205
report to the department of health that includes data regarding	206
referrals made by the central intake and referral system, costs	207
associated with the referrals, and the quality of services	208
received by families <u>and children</u> who were referred to services	209
through the system. The report shall be distributed to the home	210
visiting consortium created under section 3701.612 of the	211
Revised Code.	212
(E) <u>After referring a family to a home visiting services</u>	213
<u>provider, the system operator shall notify the director of</u>	214
<u>health of the referral. As soon as practicable after receiving</u>	215
<u>notice of the referral, the director shall request, as described</u>	216
<u>in division (D) (2) (d) of section 3301.0714 of the Revised Code,</u>	217
<u>the independent contractor engaged to create and maintain</u>	218
<u>student data verification codes under section 3301.0723 of the</u>	219
<u>Revised Code to assign a data verification code to the referred</u>	220
<u>family's child. The director may use the code to evaluate the</u>	221
<u>effectiveness of home visiting services received by the family's</u>	222
<u>child and any outcomes for the child.</u>	223

<u>(F)</u> Nothing in this section is intended to do any of the	224
following:	225
(1) Prohibit the department of health from using	226
alternative promotional materials or names for the central	227
intake and referral system;	228
(2) Require the use of help me grow program promotional	229
materials or names;	230
(3) Prohibit providers, central coordinators, the	231
department of health, or stakeholders from using the help me	232
grow name for promotional materials for home visiting.	233
<u>Sec. 4723.89.</u> (A) As used in this section:	234
<u>(1) "Doula" means a trained, nonmedical professional who</u>	235
<u>advocates for, and provides continuous physical, emotional, and</u>	236
<u>informational support to, a pregnant woman through the delivery</u>	237
<u>of a child and immediately after the delivery including during</u>	238
<u>any of the following periods:</u>	239
<u>(a) The antepartum period;</u>	240
<u>(b) The intrapartum period;</u>	241
<u>(c) The postpartum period.</u>	242
<u>(2) "Doula certification organization" means organizations</u>	243
<u>that are recognized, at an international, national, state, or</u>	244
<u>local level, for training and certifying doulas.</u>	245
<u>(B) Beginning on the date that occurs one year after the</u>	246
<u>effective date of this section, a person shall not use or assume</u>	247
<u>the title "certified doula" unless the person holds a</u>	248
<u>certificate issued under this section by the board of nursing.</u>	249
<u>(C) The board of nursing shall seek and consider the</u>	250

opinion of the doula advisory board established in section 251
4723.90 of the Revised Code when an individual is seeking to be 252
eligible for medicaid reimbursement as a certified doula. 253

(D) The board of nursing shall adopt rules in accordance 254
with Chapter 119. of the Revised Code establishing standards and 255
procedures for issuing certificates to doulas under this 256
section. The rules shall include all of the following: 257

(1) Requirements for certification as a doula, including a 258
requirement that a doula either be certified by a doula 259
certification organization or, if not certified, have education 260
and experience considered by the board to be appropriate, as 261
specified in the rules; 262

(2) Requirements for renewal of a certificate and 263
continuing education; 264

(3) Requirements for training on racial bias, health 265
disparities, and cultural competency as a condition of initial 266
certification and certificate renewal; 267

(4) Certificate application and renewal fees, as well as a 268
waiver of those fees for applicants with a family income not 269
exceeding three hundred per cent of the federal poverty line; 270

(5) Requirements and standards of practice for certified 271
doulas; 272

(6) The amount of a fine to be imposed under division (F) 273
of this section; 274

(7) Any other standards or procedures the board considers 275
necessary to implement this section. 276

(E) The board of nursing shall develop and regularly 277
update a registry of doulas who hold certificates issued under 278

this section. The registry shall be made available to the public 279
on a web site maintained by the board. 280

(F) In an adjudication under Chapter 119. of the Revised 281
Code, the board of nursing may impose a fine against any person 282
who violates division (B) of this section. On request of the 283
board, the attorney general shall bring and prosecute to 284
judgment a civil action to collect any fine imposed under this 285
division that remains unpaid. 286

Sec. 4723.90. (A) There is hereby established within the 287
board of nursing the doula advisory board. 288

(B) (1) The advisory board shall consist of the following 289
sixteen members: 290

(a) The following members appointed by the board of 291
nursing: 292

(i) Three members representing communities most impacted 293
by negative maternal and infant health outcomes; 294

(ii) Five members who are doulas with current, valid 295
certification from a doula certification organization; 296

(iii) Two members who are public health officials, 297
physicians, nurses, or social workers; 298

(iv) Two members who are consumers; 299

(v) Two members representing a doula certification program 300
or organization established in Ohio. 301

(b) One member representing the commission on minority 302
health appointed by the executive director of the commission on 303
minority health; 304

(c) One member representing the department of health 305

appointed by the director of health. 306

(2) Both of the following apply to the board of nursing in 307
appointing members to the advisory board: 308

(a) A good faith effort shall be made to select members 309
who represent counties with higher rates of infant and maternal 310
mortality, particularly those counties with the largest 311
disparities. 312

(b) Priority shall be given to individuals with direct 313
service experience providing care to infants and pregnant and 314
postpartum women. 315

(C) The advisory board, by a majority vote of a quorum of 316
its members, shall select an individual to serve as its 317
chairperson. The advisory board may replace a chairperson in the 318
same manner. 319

(D) Of the initial appointments to the advisory board made 320
pursuant to division (B) (1) (a) of this section, half shall be 321
appointed to a term of one year and half shall be appointed to a 322
term of two years. Thereafter, all terms shall be two years. 323

(E) The board of nursing, the executive director of the 324
commission on minority health, and the director of health shall 325
fill a vacancy as soon as practicable. 326

Members may be reappointed for an unlimited number of 327
terms. 328

(F) The advisory board shall meet at the call of the 329
advisory board's chairperson as often as the chairperson 330
determines necessary for timely completion of the board's duties 331
as described in this section. 332

(G) The board of nursing shall provide meeting space, 333

virtual meeting technology, staff services, and other technical 334
assistance required by the advisory board in carrying out its 335
duties. 336

(H) The advisory board shall do all of the following: 337

(1) Provide general advice, guidance, and recommendations 338
to the board of nursing regarding doula certification and the 339
adoption of rules under divisions (D) (3) and (5) of section 340
4723.89 of the Revised Code; 341

(2) Advise the board of nursing regarding individuals 342
seeking to be eligible for medicaid reimbursement as certified 343
doulas; 344

(3) Provide general advice, guidance, and recommendations 345
to the department of medicaid regarding the medicaid coverage of 346
doula services required under section 5164.071 of the Revised 347
Code; 348

(4) Beginning two years after the effective date of this 349
section and annually thereafter, submit a report to the general 350
assembly in accordance with section 101.68 of the Revised Code 351
including the following information regarding the doula services 352
provided pursuant to sections 5120.658 and 5164.071 of the 353
Revised Code: 354

(a) The number of pregnant women and infants served; 355

(b) The number and types of doula services provided; 356

(c) Outcome metrics, including maternal and infant health 357
outcomes. 358

Sec. 5101.342. The Ohio commission on fatherhood shall do 359
both of the following: 360

(A) Organize a state summit on fatherhood every four	361
years;	362
(B) Prepare a report each year that does the following:	363
(1) Identifies resources available to fund fatherhood-	364
related programs and explores the creation of initiatives to do	365
the following:	366
(a) Build the parenting skills of fathers;	367
(b) Provide employment-related services for low-income,	368
noncustodial fathers;	369
(c) Prevent premature fatherhood;	370
(d) Provide services to fathers who are inmates in or have	371
just been released from imprisonment in a state correctional	372
institution, as defined in section 2967.01 of the Revised Code,	373
or in any other detention facility, as defined in section	374
2921.01 of the Revised Code, so that they are able to maintain	375
or reestablish their relationships with their families;	376
(e) Reconcile fathers with their families;	377
(f) Increase public awareness of the critical role fathers	378
play.	379
(2) Describes the commission's expectations for the	380
outcomes of fatherhood-related programs and initiatives and the	381
methods the commission uses for conducting annual measures of	382
those outcomes;	383
<u>(3) Evaluates the number of fathers and children served</u>	384
<u>and the number and types of additional services provided as a</u>	385
<u>result of the recommendations made to the director of job and</u>	386
<u>family services pursuant to section 5101.805 of the Revised</u>	387

<u>Code.</u>	388
<u>The commission shall submit each report to the general</u>	389
<u>assembly in accordance with section 101.68 of the Revised Code.</u>	390
(C) <u>Pursuant to section 5101.805 of the Revised Code, the</u>	391
<u>commission may make recommendations to the director of job and</u>	392
<u>family services regarding funding, approval, and implementation</u>	393
<u>of fatherhood programs in this state that meet at least one of</u>	394
<u>the four purposes of the temporary assistance for needy families</u>	395
<u>block grant, as specified in 42 U.S.C. 601.</u>	396
<u>(D)</u> The portion of the report prepared pursuant to	397
division (B) (2) of this section shall be prepared by the	398
commission in collaboration with the director of job and family	399
services.	400
(D) <u>(E)</u> The commission shall submit each report prepared	401
pursuant to division (B) of this section to the president and	402
minority leader of the senate, speaker and minority leader of	403
the house of representatives, governor, and chief justice of the	404
supreme court. The first report is due not later than one year	405
after the last of the initial appointments to the commission is	406
made under section 5101.341 of the Revised Code.	407
Sec. 5101.35. (A) As used in this section:	408
(1) (a) "Agency" means the following entities that	409
administer a family services program:	410
(i) The department of job and family services;	411
(ii) A county department of job and family services;	412
(iii) A public children services agency;	413
(iv) A private or government entity administering, in	414

whole or in part, a family services program for or on behalf of 415
the department of job and family services or a county department 416
of job and family services or public children services agency. 417

(b) If the department of medicaid contracts with the 418
department of job and family services to hear appeals authorized 419
by section 5160.31 of the Revised Code regarding medical 420
assistance programs, "agency" includes the department of 421
medicaid. 422

(2) "Appellant" means an applicant, participant, former 423
participant, recipient, or former recipient of a family services 424
program who is entitled by federal or state law to a hearing 425
regarding a decision or order of the agency that administers the 426
program. 427

(3) (a) "Family services program" means all of the 428
following: 429

(i) A Title IV-A program as defined in section 5101.80 of 430
the Revised Code; 431

(ii) Programs that provide assistance under Chapter 5104. 432
of the Revised Code; 433

(iii) Programs that provide assistance under section 434
5101.141, 5101.461, 5101.54, 5119.41, 5153.163, or 5153.165 of 435
the Revised Code; 436

(iv) Title XX social services provided under section 437
5101.46 of the Revised Code, other than such services provided 438
by the department of mental health and addiction services, the 439
department of developmental disabilities, a board of alcohol, 440
drug addiction, and mental health services, or a county board of 441
developmental disabilities. 442

(b) If the department of medicaid contracts with the 443
department of job and family services to hear appeals authorized 444
by section 5160.31 of the Revised Code regarding medical 445
assistance programs, "family services program" includes medical 446
assistance programs. 447

(4) "Medical assistance program" has the same meaning as 448
in section 5160.01 of the Revised Code. 449

(B) Except as provided by divisions (G) and (H) of this 450
section, an appellant who appeals under federal or state law a 451
decision or order of an agency administering a family services 452
program shall, at the appellant's request, be granted a state 453
hearing by the department of job and family services. This state 454
hearing shall be conducted in accordance with rules adopted 455
under this section. The state hearing shall be recorded, but 456
neither the recording nor a transcript of the recording shall be 457
part of the official record of the proceeding. Except as 458
provided in section 5160.31 of the Revised Code, a state hearing 459
decision is binding upon the agency and department, unless it is 460
reversed or modified on appeal to the director of job and family 461
services or a court of common pleas. 462

(C) Except as provided by division (G) of this section, an 463
appellant who disagrees with a state hearing decision may make 464
an administrative appeal to the director of job and family 465
services in accordance with rules adopted under this section. 466
This administrative appeal does not require a hearing, but the 467
director or the director's designee shall review the state 468
hearing decision and previous administrative action and may 469
affirm, modify, remand, or reverse the state hearing decision. 470
An administrative appeal decision is the final decision of the 471
department and, except as provided in section 5160.31 of the 472

Revised Code, is binding upon the department and agency, unless 473
it is reversed or modified on appeal to the court of common 474
pleas. 475

(D) An agency shall comply with a decision issued pursuant 476
to division (B) or (C) of this section within the time limits 477
established by rules adopted under this section. If a county 478
department of job and family services or a public children 479
services agency fails to comply within these time limits, the 480
department may take action pursuant to section 5101.24 of the 481
Revised Code. If another agency, other than the department of 482
medicaid, fails to comply within the time limits, the department 483
may force compliance by withholding funds due the agency or 484
imposing another sanction established by rules adopted under 485
this section. 486

(E) An appellant who disagrees with an administrative 487
appeal decision of the director of job and family services or 488
the director's designee issued under division (C) of this 489
section may appeal from the decision to the court of common 490
pleas pursuant to section 119.12 of the Revised Code. The appeal 491
shall be governed by section 119.12 of the Revised Code except 492
that: 493

(1) The person may appeal to the court of common pleas of 494
the county in which the person resides, or to the court of 495
common pleas of Franklin county if the person does not reside in 496
this state. 497

(2) The person may apply to the court for designation as 498
an indigent and, if the court grants this application, the 499
appellant shall not be required to furnish the costs of the 500
appeal. 501

(3) The appellant shall mail the notice of appeal to the department of job and family services and file notice of appeal with the court within thirty days after the department mails the administrative appeal decision to the appellant. For good cause shown, the court may extend the time for mailing and filing notice of appeal, but such time shall not exceed six months from the date the department mails the administrative appeal decision. Filing notice of appeal with the court shall be the only act necessary to vest jurisdiction in the court.

(4) The department shall be required to file a transcript of the testimony of the state hearing with the court only if the court orders the department to file the transcript. The court shall make such an order only if it finds that the department and the appellant are unable to stipulate to the facts of the case and that the transcript is essential to a determination of the appeal. The department shall file the transcript not later than thirty days after the day such an order is issued.

(F) The department of job and family services shall adopt rules in accordance with Chapter 119. of the Revised Code to implement this section, including rules governing the following:

(1) State hearings under division (B) of this section. The rules shall include provisions regarding notice of eligibility termination and the opportunity of an appellant appealing a decision or order of a county department of job and family services to request a county conference with the county department before the state hearing is held.

(2) Administrative appeals under division (C) of this section;

(3) Time limits for complying with a decision issued under

division (B) or (C) of this section;	531
(4) Sanctions that may be applied against an agency under division (D) of this section.	532 533
(G) The department of job and family services may adopt rules in accordance with Chapter 119. of the Revised Code establishing an appeals process for an appellant who appeals a decision or order regarding a Title IV-A program identified under division (A) (4) (c), (d), (e), (f), or (g) , or (h) of section 5101.80 of the Revised Code that is different from the appeals process established by this section. The different appeals process may include having a state agency that administers the Title IV-A program pursuant to an interagency agreement entered into under section 5101.801 of the Revised Code administer the appeals process.	534 535 536 537 538 539 540 541 542 543 544
(H) If an appellant receiving medicaid through a health insuring corporation that holds a certificate of authority under Chapter 1751. of the Revised Code is appealing a denial of medicaid services based on lack of medical necessity or other clinical issues regarding coverage by the health insuring corporation, the person hearing the appeal may order an independent medical review if that person determines that a review is necessary. The review shall be performed by a health care professional with appropriate clinical expertise in treating the recipient's condition or disease. The department shall pay the costs associated with the review.	545 546 547 548 549 550 551 552 553 554 555
A review ordered under this division shall be part of the record of the hearing and shall be given appropriate evidentiary consideration by the person hearing the appeal.	556 557 558
(I) The requirements of Chapter 119. of the Revised Code	559

apply to a state hearing or administrative appeal under this 560
section only to the extent, if any, specifically provided by 561
rules adopted under this section. 562

Sec. 5101.80. (A) As used in this section and in section 563
5101.801 of the Revised Code: 564

(1) "County family services agency" has the same meaning 565
as in section 307.981 of the Revised Code. 566

(2) "State agency" has the same meaning as in section 9.82 567
of the Revised Code. 568

(3) "Title IV-A administrative agency" means both of the 569
following: 570

(a) A county family services agency or state agency 571
administering a Title IV-A program under the supervision of the 572
department of job and family services; 573

(b) A government agency or private, not-for-profit entity 574
administering a project funded in whole or in part with funds 575
provided under the Title IV-A demonstration program created 576
under section 5101.803 of the Revised Code. 577

(4) "Title IV-A program" means all of the following that 578
are funded in part with funds provided under the temporary 579
assistance for needy families block grant established by Title 580
IV-A of the "Social Security Act," 110 Stat. 2113 (1996), 42 581
U.S.C. 601, as amended: 582

(a) The Ohio works first program established under Chapter 583
5107. of the Revised Code; 584

(b) The prevention, retention, and contingency program 585
established under Chapter 5108. of the Revised Code; 586

(c) A program established by the general assembly or an executive order issued by the governor that is administered or supervised by the department of job and family services pursuant to section 5101.801 of the Revised Code;

(d) The kinship permanency incentive program created under section 5101.802 of the Revised Code;

(e) The Title IV-A demonstration program created under section 5101.803 of the Revised Code;

(f) The Ohio parenting and pregnancy program created under section 5101.804 of the Revised Code;

(g) Fatherhood programs recommended by the Ohio commission on fatherhood under section 5101.85 of the Revised Code;

(h) A component of a Title IV-A program identified under divisions (A) (4) (a) to ~~(f)~~ (g) of this section that the Title IV-A state plan prepared under division (C) (1) of this section identifies as a component.

(B) The department of job and family services shall act as the single state agency to administer and supervise the administration of Title IV-A programs. The Title IV-A state plan and amendments to the plan prepared under division (C) of this section are binding on Title IV-A administrative agencies. No Title IV-A administrative agency may establish, by rule or otherwise, a policy governing a Title IV-A program that is inconsistent with a Title IV-A program policy established, in rule or otherwise, by the director of job and family services.

(C) The department of job and family services shall do all of the following:

(1) Prepare and submit to the United States secretary of

health and human services a Title IV-A state plan for Title IV-A programs; 615
616

(2) Prepare and submit to the United States secretary of health and human services amendments to the Title IV-A state plan that the department determines necessary, including amendments necessary to implement Title IV-A programs identified in divisions (A) (4) (c) to ~~(g)~~ (h) of this section; 617
618
619
620
621

(3) Prescribe forms for applications, certificates, reports, records, and accounts of Title IV-A administrative agencies, and other matters related to Title IV-A programs; 622
623
624

(4) Make such reports, in such form and containing such information as the department may find necessary to assure the correctness and verification of such reports, regarding Title IV-A programs; 625
626
627
628

(5) Require reports and information from each Title IV-A administrative agency as may be necessary or advisable regarding a Title IV-A program; 629
630
631

(6) Afford a fair hearing in accordance with section 5101.35 of the Revised Code to any applicant for, or participant or former participant of, a Title IV-A program aggrieved by a decision regarding the program; 632
633
634
635

(7) Administer and expend, pursuant to Chapters 5104., 5107., and 5108. of the Revised Code and sections 5101.801, 5101.802, 5101.803, and 5101.804 of the Revised Code, any sums appropriated by the general assembly for the purpose of those chapters and sections and all sums paid to the state by the secretary of the treasury of the United States as authorized by Title IV-A of the "Social Security Act," 110 Stat. 2113 (1996), 42 U.S.C. 601, as amended; 636
637
638
639
640
641
642
643

- (8) Conduct investigations and audits as are necessary 644
regarding Title IV-A programs; 645
- (9) Enter into reciprocal agreements with other states 646
relative to the provision of Ohio works first and prevention, 647
retention, and contingency to residents and nonresidents; 648
- (10) Contract with a private entity to conduct an 649
independent on-going evaluation of the Ohio works first program 650
and the prevention, retention, and contingency program. The 651
contract must require the private entity to do all of the 652
following: 653
- (a) Examine issues of process, practice, impact, and 654
outcomes; 655
- (b) Study former participants of Ohio works first who have 656
not participated in Ohio works first for at least one year to 657
determine whether they are employed, the type of employment in 658
which they are engaged, the amount of compensation they are 659
receiving, whether their employer provides health insurance, 660
whether and how often they have received benefits or services 661
under the prevention, retention, and contingency program, and 662
whether they are successfully self sufficient; 663
- (c) Provide the department with reports at times the 664
department specifies. 665
- (11) Not later than the last day of each January and July, 666
prepare a report containing information on the following: 667
- (a) Individuals exhausting the time limits for 668
participation in Ohio works first set forth in section 5107.18 669
of the Revised Code. 670
- (b) Individuals who have been exempted from the time 671

limits set forth in section 5107.18 of the Revised Code and the 672
reasons for the exemption. 673

(D) The department shall provide copies of the reports it 674
receives under division (C)(10) of this section and prepares 675
under division (C)(11) of this section to the governor, the 676
president and minority leader of the senate, and the speaker and 677
minority leader of the house of representatives. The department 678
shall provide copies of the reports to any private or government 679
entity on request. 680

(E) An authorized representative of the department or a 681
county family services agency or state agency administering a 682
Title IV-A program shall have access to all records and 683
information bearing thereon for the purposes of investigations 684
conducted pursuant to this section. An authorized representative 685
of a government entity or private, not-for-profit entity 686
administering a project funded in whole or in part with funds 687
provided under the Title IV-A demonstration program shall have 688
access to all records and information bearing on the project for 689
the purpose of investigations conducted pursuant to this 690
section. 691

Sec. 5101.801. (A) Except as otherwise provided by the law 692
enacted by the general assembly or executive order issued by the 693
governor establishing the Title IV-A program, a Title IV-A 694
program identified under division (A)(4)(c), (d), (e), (f), ~~or~~ 695
(g), or (h) of section 5101.80 of the Revised Code shall provide 696
benefits and services that are not "assistance" as defined in 45 697
C.F.R. 260.31(a) and are benefits and services that 45 C.F.R. 698
260.31(b) excludes from the definition of assistance. 699

(B)(1) Except as otherwise provided by the law enacted by 700
the general assembly or executive order issued by the governor 701

establishing the Title IV-A program, the department of job and 702
family services shall do either of the following regarding a 703
Title IV-A program identified under division (A) (4) (c), (d), 704
(e), (f), ~~or~~ (g), or (h) of section 5101.80 of the Revised Code: 705

(a) Administer the program or supervise a county family 706
services agency's administration of the program; 707

(b) Enter into an interagency agreement with a state 708
agency for the state agency to administer the program under the 709
department's supervision. 710

(2) The department may enter into an agreement with a 711
government entity and, to the extent permitted by federal law, a 712
private, not-for-profit entity for the entity to receive funding 713
for a project under the Title IV-A demonstration program created 714
under section 5101.803 of the Revised Code. 715

(3) To the extent permitted by federal law, the department 716
may enter into an agreement with a private, not-for-profit 717
entity for the entity to receive funds under the Ohio parenting 718
and pregnancy program created under section 5101.804 of the 719
Revised Code. 720

(4) To the extent permitted by federal law, the department 721
may enter into an agreement with a private, not-for-profit 722
entity for the entity to receive funds as recommended by the 723
Ohio commission on fatherhood under section 5101.805 of the 724
Revised Code. 725

(C) The department may adopt rules governing Title IV-A 726
programs identified under divisions (A) (4) (c), (d), (e), (f), 727
~~and~~ (g), and (h) of section 5101.80 of the Revised Code. Rules 728
governing financial and operational matters of the department or 729
between the department and county family services agencies shall 730

be adopted as internal management rules adopted in accordance 731
with section 111.15 of the Revised Code. All other rules shall 732
be adopted in accordance with Chapter 119. of the Revised Code. 733

(D) If the department enters into an agreement regarding a 734
Title IV-A program identified under division (A) (4) (c), (e), 735
(f), ~~or~~ (g), or (h) of section 5101.80 of the Revised Code 736
pursuant to division (B) (1) (b) or (2) of this section, the 737
agreement shall include at least all of the following: 738

(1) A requirement that the state agency or entity comply 739
with the requirements for the program or project, including all 740
of the following requirements established by federal statutes 741
and regulations, state statutes and rules, the United States 742
office of management and budget, and the Title IV-A state plan 743
prepared under section 5101.80 of the Revised Code: 744

(a) Eligibility; 745

(b) Reports; 746

(c) Benefits and services; 747

(d) Use of funds; 748

(e) Appeals for applicants for, and recipients and former 749
recipients of, the benefits and services; 750

(f) Audits. 751

(2) A complete description of all of the following: 752

(a) The benefits and services that the program or project 753
is to provide; 754

(b) The methods of program or project administration; 755

(c) The appeals process under section 5101.35 of the 756
Revised Code for applicants for, and recipients and former 757

recipients of, the program or project's benefits and services;	758
(d) Other requirements that the department requires be included.	759 760
(3) Procedures for the department to approve a policy, established by rule or otherwise, that the state agency or entity establishes for the program or project before the policy is established;	761 762 763 764
(4) Provisions regarding how the department is to reimburse the state agency or entity for allowable expenditures under the program or project that the department approves, including all of the following:	765 766 767 768
(a) Limitations on administrative costs;	769
(b) The department, at its discretion, doing either of the following:	770 771
(i) Withholding no more than five per cent of the funds that the department would otherwise provide to the state agency or entity for the program or project;	772 773 774
(ii) Charging the state agency or entity for the costs to the department of performing, or contracting for the performance of, audits and other administrative functions associated with the program or project.	775 776 777 778
(5) If the state agency or entity arranges by contract, grant, or other agreement for another entity to perform a function the state agency or entity would otherwise perform regarding the program or project, the state agency or entity's responsibilities for both of the following:	779 780 781 782 783
(a) Ensuring that the other entity complies with the agreement between the state agency or entity and department and	784 785

federal statutes and regulations and state statutes and rules	786
governing the use of funds for the program or project;	787
(b) Auditing the other entity in accordance with	788
requirements established by the United States office of	789
management and budget.	790
(6) The state agency or entity's responsibilities	791
regarding the prompt payment, including any interest assessed,	792
of any adverse audit finding, final disallowance of federal	793
funds, or other sanction or penalty imposed by the federal	794
government, auditor of state, department, a court, or other	795
entity regarding funds for the program or project;	796
(7) Provisions for the department to terminate the	797
agreement or withhold reimbursement from the state agency or	798
entity if either of the following occur:	799
(a) The federal government disapproves the program or	800
project or reduces federal funds for the program or project;	801
(b) The state agency or entity fails to comply with the	802
terms of the agreement.	803
(8) Provisions for both of the following:	804
(a) The department and state agency or entity determining	805
the performance outcomes expected for the program or project;	806
(b) An evaluation of the program or project to determine	807
its success in achieving the performance outcomes determined	808
under division (D) (8) (a) of this section.	809
(E) To the extent consistent with the law enacted by the	810
general assembly or executive order issued by the governor	811
establishing the Title IV-A program and subject to the approval	812
of the director of budget and management, the director of job	813

and family services may terminate a Title IV-A program 814
identified under division (A) (4) (c), (d), (e), (f), ~~or~~ (g), or 815
(h) of section 5101.80 of the Revised Code or reduce funding for 816
the program if the director of job and family services 817
determines that federal or state funds are insufficient to fund 818
the program. If the director of budget and management approves 819
the termination or reduction in funding for such a program, the 820
director of job and family services shall issue instructions for 821
the termination or funding reduction. If a Title IV-A 822
administrative agency is administering the program, the agency 823
is bound by the termination or funding reduction and shall 824
comply with the director's instructions. 825

(F) The director of job and family services may adopt 826
internal management rules in accordance with section 111.15 of 827
the Revised Code as necessary to implement this section. The 828
rules are binding on each Title IV-A administrative agency. 829

Sec. 5101.805. (A) Subject to division (E) of section 830
5101.801 of the Revised Code, the Ohio commission on fatherhood, 831
created under section 5101.34 of the Revised Code, may make 832
recommendations to the director of job and family services 833
concerning the funding, approval, and implementation of 834
fatherhood programs in this state that meet at least one of the 835
four purposes of the temporary assistance for needy families 836
block grant, as specified in 42 U.S.C. 601. 837

(B) The department of job and family services may provide 838
funding under this section to government entities and, to the 839
extent permitted by federal law, private, not-for-profit 840
entities with which the department enters into agreements under 841
division (B) (4) of section 5101.801 of the Revised Code. 842

Sec. 5101.91. To increase participation in evidence-based 843

parenting education programs, including the "Positive Parenting 844
Program," also known as "Triple P," the department of job and 845
family services shall develop strategies for state departments, 846
agencies, and boards to use in informing parents, caregivers, 847
and child care providers about such programs and in promoting 848
their benefits, including their parenting, caregiving, and 849
educational resources. In developing the foregoing strategies, 850
the department of job and family services shall collaborate with 851
other state departments. 852

Sec. 5104.291. (A) This section establishes standards and 853
conditions for rating the following early learning and 854
development programs in the step up to quality program: 855

(1) A licensed child day-care center operating a head 856
start or early head start program; 857

(2) A licensed type A or type B family day-care home under 858
contract to provide head start or early head start services. 859

(B) (1) On a periodic basis, the department of job and 860
family services shall do both of the following: 861

(a) Review head start program performance standards 862
described in 45 C.F.R. Part 1302 and determine which step up to 863
quality program ratings tier corresponds with minimum head start 864
program performance standards; 865

(b) Review accreditation standards for the national 866
association for the education of young children, or its 867
successor organization, and determine which step up to quality 868
program ratings tier corresponds with minimum accreditation 869
standards. 870

(2) The department shall rate each program described in 871
division (A) (1) or (2) of this section in the step up to quality 872

program ratings tier that the department has determined 873
corresponds with the minimum standards. 874

(C) The department shall prescribe the manner in which a 875
program is to demonstrate to the department satisfaction of the 876
requirements of this section. 877

Sec. 5120.658. (A) As used in this section, "doula" has 878
the same meaning as in section 4723.89 of the Revised Code. 879

(B) Beginning one year after the effective date of this 880
section, the department of rehabilitation and correction shall 881
operate a program to provide to inmates participating in any 882
prison nursery program established under section 5120.65 of the 883
Revised Code doula services that are provided by a doula 884
certified under section 4723.89 of the Revised Code. 885

(C) The department may adopt rules in accordance with 886
Chapter 119. of the Revised Code to implement this section. 887

Sec. 5123.0421. The director of developmental disabilities 888
shall adopt rules in accordance with Chapter 119. of the Revised 889
Code that are necessary to implement the state's part C early 890
intervention services program, including rules that specify all 891
of the following: 892

(A) Eligibility requirements to receive program services, 893
including both of the following: 894

(1) Standards that deem an infant born before twenty-eight 895
weeks of gestational age eligible for program services, without 896
any other required conditions; 897

(2) Standards that provide to an infant born between 898
twenty-eight and thirty-eight weeks of gestational age home 899
visiting services pursuant to section 3701.61 of the Revised 900

<u>Code that include developmental screening and, if appropriate</u>	901
<u>based on the results of the screening, a referral for part C</u>	902
<u>early intervention program services;</u>	903
(B) Eligibility requirements to be a program service provider;	904 905
(C) Operating standards and procedures for program service providers, including standards and procedures governing data collection, program monitoring, and program evaluation;	906 907 908
(D) Procedures to appeal the denial of an application to receive program services or the termination of program services;	909 910
(E) Procedures to appeal a decision by the department of developmental disabilities to deny an application to be a program service provider or to terminate a provider's status;	911 912 913
(F) Procedures for addressing complaints by persons who receive program services;	914 915
(G) Criteria for the payment of program service providers;	916
(H) The metrics or indicators used to measure program service provider performance.	917 918
Sec. 5123.33. <u>(A)</u> In its annual report, the department of developmental disabilities shall include a <u>both of the</u> following:	919 920 921
<u>(1)</u> A list of the officers and agents employed, and complete financial statement of the various institutions under its control. The report shall describe the condition of each institution, and shall state, as to each institution, whether:	922 923 924 925
(A) <u>(a)</u> The moneys appropriated have been economically and judiciously expended;	926 927

(B) <u>(b)</u> The objects of the institutions have been	928
accomplished;	929
(C) <u>(c)</u> The laws in relation to such institutions have	930
been fully complied with;	931
(D) <u>(d)</u> All parts of the state are equally benefited by	932
the institutions.	933
<u>(2) The following information regarding this state's part</u>	934
<u>C early intervention services program established pursuant to</u>	935
<u>rules authorized under section 5123.0421 of the Revised Code:</u>	936
<u>(a) The number of families and infants served;</u>	937
<u>(b) The number and types of early intervention services</u>	938
<u>provided;</u>	939
<u>(c) The age of infants on the referral date and the source</u>	940
<u>of the referral, including an indication if the referral was</u>	941
<u>made by a home visiting provider;</u>	942
<u>(d) Outcome metrics for participating families and</u>	943
<u>infants.</u>	944
Such <u>(B)</u> Each annual report shall be accompanied by the	945
reports of the managing officers, such other information as the	946
department considers proper, and the department's	947
recommendations for the more effective accomplishment of the	948
general purpose of this chapter.	949
<u>(C) The department shall submit each annual report to the</u>	950
<u>general assembly in accordance with section 101.68 of the</u>	951
<u>Revised Code.</u>	952
Sec. 5153.16. (A) Except as provided in section 2151.422	953
of the Revised Code, in accordance with rules adopted under	954

section 5153.166 of the Revised Code, and on behalf of children 955
in the county whom the public children services agency considers 956
to be in need of public care or protective services, the public 957
children services agency shall do all of the following: 958

(1) Make an investigation concerning any child alleged to 959
be an abused, neglected, or dependent child; 960

(2) Enter into agreements with the parent, guardian, or 961
other person having legal custody of any child, or with the 962
department of job and family services, department of mental 963
health and addiction services, department of developmental 964
disabilities, other department, any certified organization 965
within or outside the county, or any agency or institution 966
outside the state, having legal custody of any child, with 967
respect to the custody, care, or placement of any child, or with 968
respect to any matter, in the interests of the child, provided 969
the permanent custody of a child shall not be transferred by a 970
parent to the public children services agency without the 971
consent of the juvenile court; 972

(3) Accept custody of children committed to the public 973
children services agency by a court exercising juvenile 974
jurisdiction; 975

(4) Provide such care as the public children services 976
agency considers to be in the best interests of any child 977
adjudicated to be an abused, neglected, or dependent child the 978
agency finds to be in need of public care or service; 979

(5) Provide social services to any unmarried girl 980
adjudicated to be an abused, neglected, or dependent child who 981
is pregnant with or has been delivered of a child; 982

(6) Make available to the children with medical handicaps 983

program of the department of health at its request any	984
information concerning a child with a disability found to be in	985
need of treatment under sections 3701.021 to 3701.028 of the	986
Revised Code who is receiving services from the public children	987
services agency;	988
(7) Provide temporary emergency care for any child	989
considered by the public children services agency to be in need	990
of such care, without agreement or commitment;	991
(8) Find certified foster homes, within or outside the	992
county, for the care of children, including children with	993
disabilities from other counties attending special schools in	994
the county;	995
(9) Subject to the approval of the board of county	996
commissioners and the state department of job and family	997
services, establish and operate a training school or enter into	998
an agreement with any municipal corporation or other political	999
subdivision of the county respecting the operation, acquisition,	1000
or maintenance of any children's home, training school, or other	1001
institution for the care of children maintained by such	1002
municipal corporation or political subdivision;	1003
(10) Acquire and operate a county children's home,	1004
establish, maintain, and operate a receiving home for the	1005
temporary care of children, or procure certified foster homes	1006
for this purpose;	1007
(11) Enter into an agreement with the trustees of any	1008
district children's home, respecting the operation of the	1009
district children's home in cooperation with the other county	1010
boards in the district;	1011
(12) Cooperate with, make its services available to, and	1012

act as the agent of persons, courts, the department of job and 1013
family services, the department of health, and other 1014
organizations within and outside the state, in matters relating 1015
to the welfare of children, except that the public children 1016
services agency shall not be required to provide supervision of 1017
or other services related to the exercise of parenting time 1018
rights granted pursuant to section 3109.051 or 3109.12 of the 1019
Revised Code or companionship or visitation rights granted 1020
pursuant to section 3109.051, 3109.11, or 3109.12 of the Revised 1021
Code unless a juvenile court, pursuant to Chapter 2151. of the 1022
Revised Code, or a common pleas court, pursuant to division (E) 1023
(6) of section 3113.31 of the Revised Code, requires the 1024
provision of supervision or other services related to the 1025
exercise of the parenting time rights or companionship or 1026
visitation rights; 1027

(13) Make investigations at the request of any 1028
superintendent of schools in the county or the principal of any 1029
school concerning the application of any child adjudicated to be 1030
an abused, neglected, or dependent child for release from 1031
school, where such service is not provided through a school 1032
attendance department; 1033

(14) Administer funds provided under Title IV-E of the 1034
"Social Security Act," 94 Stat. 501 (1980), 42 U.S.C.A. 671, as 1035
amended, in accordance with rules adopted under section 5101.141 1036
of the Revised Code; 1037

(15) In addition to administering Title IV-E adoption 1038
assistance funds, enter into agreements to make adoption 1039
assistance payments under section 5153.163 of the Revised Code; 1040

(16) Implement a system of safety and risk assessment, in 1041
accordance with rules adopted by the director of job and family 1042

services, to assist the public children services agency in 1043
determining the risk of abuse or neglect to a child; 1044

(17) Enter into a plan of cooperation with the board of 1045
county commissioners under section 307.983 of the Revised Code 1046
and comply with each fiscal agreement the board enters into 1047
under section 307.98 of the Revised Code that include family 1048
services duties of public children services agencies and 1049
contracts the board enters into under sections 307.981 and 1050
307.982 of the Revised Code that affect the public children 1051
services agency; 1052

(18) Make reasonable efforts to prevent the removal of an 1053
alleged or adjudicated abused, neglected, or dependent child 1054
from the child's home, eliminate the continued removal of the 1055
child from the child's home, or make it possible for the child 1056
to return home safely, except that reasonable efforts of that 1057
nature are not required when a court has made a determination 1058
under division (A) (2) of section 2151.419 of the Revised Code; 1059

(19) Make reasonable efforts to place the child in a 1060
timely manner in accordance with the permanency plan approved 1061
under division (E) of section 2151.417 of the Revised Code and 1062
to complete whatever steps are necessary to finalize the 1063
permanent placement of the child; 1064

(20) Administer a Title IV-A program identified under 1065
division (A) (4) (c) or ~~(g)~~ (h) of section 5101.80 of the Revised 1066
Code that the department of job and family services provides for 1067
the public children services agency to administer under the 1068
department's supervision pursuant to section 5101.801 of the 1069
Revised Code; 1070

(21) Administer the kinship permanency incentive program 1071

created under section 5101.802 of the Revised Code under the supervision of the director of job and family services; (1072-1073)

(22) Provide independent living services pursuant to sections 2151.81 to 2151.84 of the Revised Code; (1074-1075)

(23) File a missing child report with a local law enforcement agency upon becoming aware that a child in the custody of the public children services agency is or may be missing. (1076-1079)

(B) The public children services agency shall use the system implemented pursuant to division (A) (16) of this section in connection with an investigation undertaken pursuant to division (G) (1) of section 2151.421 of the Revised Code to assess both of the following: (1080-1084)

(1) The ongoing safety of the child; (1085)

(2) The appropriateness of the intensity and duration of the services provided to meet child and family needs throughout the duration of a case. (1086-1088)

(C) Except as provided in section 2151.422 of the Revised Code, in accordance with rules of the director of job and family services, and on behalf of children in the county whom the public children services agency considers to be in need of public care or protective services, the public children services agency may do the following: (1089-1094)

(1) Provide or find, with other child serving systems, specialized foster care for the care of children in a specialized foster home, as defined in section 5103.02 of the Revised Code, certified under section 5103.03 of the Revised Code; (1095-1099)

(2) (a) Except as limited by divisions (C) (2) (b) and (c) of 1100
this section, contract with the following for the purpose of 1101
assisting the agency with its duties: 1102

(i) County departments of job and family services; 1103

(ii) Boards of alcohol, drug addiction, and mental health 1104
services; 1105

(iii) County boards of developmental disabilities; 1106

(iv) Regional councils of political subdivisions 1107
established under Chapter 167. of the Revised Code; 1108

(v) Private and government providers of services; 1109

(vi) Managed care organizations and prepaid health plans. 1110

(b) A public children services agency contract under 1111
division (C) (2) (a) of this section regarding the agency's duties 1112
under section 2151.421 of the Revised Code may not provide for 1113
the entity under contract with the agency to perform any service 1114
not authorized by the department's rules. 1115

(c) Only a county children services board appointed under 1116
section 5153.03 of the Revised Code that is a public children 1117
services agency may contract under division (C) (2) (a) of this 1118
section. If an entity specified in division (B) or (C) of 1119
section 5153.02 of the Revised Code is the public children 1120
services agency for a county, the board of county commissioners 1121
may enter into contracts pursuant to section 307.982 of the 1122
Revised Code regarding the agency's duties. 1123

Sec. 5162.13. (A) On or before the first day of January of 1124
each year, the department of medicaid shall complete a report on 1125
the effectiveness of the medicaid program in meeting the health 1126
care needs of low-income pregnant women, infants, and children. 1127

The report shall include all of the following, delineated by	1128
race and ethnic group:	1129
(1) The estimated number of pregnant women, infants, and	1130
children eligible for the program;	1131
(2) The actual number of eligible persons enrolled in the	1132
program;	1133
(3) The actual number of enrolled pregnant women	1134
categorized by estimated gestational age at time of enrollment;	1135
(4) The average number of days between the following	1136
events:	1137
(a) A pregnant woman's application for medicaid and	1138
enrollment in the fee-for-service component of medicaid;	1139
(b) A pregnant woman's application for enrollment in a	1140
medicaid managed care organization and enrollment in the managed	1141
care organization.	1142
The information described in divisions (A) (4) (a) and (b)	1143
of this section shall also be delineated by county and the urban	1144
and rural communities specified in rules adopted under section	1145
3701.142 of the Revised Code.	1146
(5) The number of prenatal, postpartum, and child health	1147
visits;	1148
(6) The estimated number of enrolled women of child-	1149
bearing age who use a tobacco product;	1150
(7) The estimated number of enrolled women of child-	1151
bearing age who participate in a tobacco cessation program or	1152
who use a tobacco cessation product;	1153
(8) The rates at which enrolled pregnant women receive	1154

addiction or mental health services, progesterone therapy, and	1155
any other service specified by the department;	1156
(9) A report on birth outcomes, including a comparison of	1157
low-birthweight births and infant mortality rates of medicaid	1158
recipients with the general female child-bearing and infant	1159
population in this state;	1160
(10) A comparison of the prenatal, delivery, and child	1161
health costs of the program with such costs of similar programs	1162
in other states, where available;	1163
(11) A report on performance data generated by the	1164
component of the state innovation model (SIM) grant pertaining	1165
to episode-based payments for perinatal care that was awarded to	1166
this state by the center for medicare and medicaid innovation in	1167
the United States centers for medicare and medicaid services;	1168
(12) A report on funds allocated for infant mortality	1169
reduction initiatives in the urban and rural communities	1170
specified in rules adopted under section 3701.142 of the Revised	1171
Code;	1172
(13) A report on the results of client responses to	1173
questions related to pregnancy services and healthcheck that are	1174
asked by the personnel of county departments of job and family	1175
services;	1176
(14) A comparison of the performance of the fee-for-	1177
service component of medicaid with the performance of each	1178
medicaid managed care organization on perinatal health metrics;	1179
<u>(15) Beginning two years after the effective date of this</u>	1180
<u>amendment, a report on the medicaid coverage of doula services</u>	1181
<u>required by section 5164.071 of the Revised Code, including:</u>	1182

<u>(a) Outcomes related to maternal health and maternal morbidity;</u>	1183
	1184
<u>(b) Infant health outcomes;</u>	1185
<u>(c) The average costs of providing doula services to mothers and infants;</u>	1186
	1187
<u>(d) Estimated cost increases or savings as a result of providing doula coverage.</u>	1188
	1189
(B) The department shall submit the report to the general assembly in accordance with section 101.68 of the Revised Code and to the joint medicaid oversight committee. The department also shall make the report available to the public.	1190
	1191
	1192
	1193
<u>(C) The department shall provide to the joint medicaid oversight committee a copy of the data used to calculate the information required in the report under division (A) (15) of this section.</u>	1194
	1195
	1196
	1197
Sec. 5162.131. Semiannually, the medicaid director shall complete a report on the establishment and implementation of programs designed to control the increase of the cost of the medicaid program, increase the efficiency of the medicaid program, and promote better health outcomes, <u>including demonstrating cost savings resulting from program investments.</u>	1198
	1199
	1200
	1201
	1202
	1203
The director shall submit the report to the general assembly in accordance with section 101.68 of the Revised Code and to the joint medicaid oversight committee. In each calendar year, one report shall be submitted not later than the last day of June and the subsequent report shall be submitted not later than the last day of December.	1204
	1205
	1206
	1207
	1208
	1209
Sec. 5164.071. (A) <u>As used in this section, "doula" has the same meaning as in section 4723.89 of the Revised Code.</u>	1210
	1211

(B) Beginning one year after the effective date of this 1212
section, the medicaid program shall cover doula services that 1213
are provided by a doula if the doula has a valid provider 1214
agreement and is certified under section 4723.89 of the Revised 1215
Code. Medicaid payments for doula services shall be determined 1216
on the basis of each pregnancy, regardless of whether multiple 1217
births occur as a result of that pregnancy. 1218

(C) Any provider outcome measurements or incentives the 1219
department of medicaid implements for the Medicaid coverage of 1220
doula services shall be consistent with this state's medicare- 1221
medicaid plan quality withhold provider or managed care plan 1222
methodology and benchmarks. 1223

(D) The medicaid director shall adopt rules under section 1224
5164.02 of the Revised Code to implement this section. 1225

Sec. 5166.45. (A) As used in this section, "medical 1226
assistance program" and "refugee medical assistance program" 1227
have the same meanings as in section 5160.01 of the Revised 1228
Code. 1229

(B) The medicaid director shall seek approval from the 1230
United States centers for medicare and medicaid services to 1231
establish a medicaid waiver component to provide continuous 1232
medicaid enrollment for children from birth through three years 1233
of age. A child who is determined eligible for medical 1234
assistance under Title XIX of the "Social Security Act" or child 1235
health assistance under Title XXI of the "Social Security Act" 1236
shall remain eligible for those benefits until the earlier of: 1237

(1) The end of a period, not to exceed forty-eight months, 1238
following the determination; 1239

(2) The date when the individual exceeds four years of 1240

<u>age.</u>	1241
<u>(C) The waiver component described in division (B) of this</u>	1242
<u>section does not apply to a child who is eligible for a medical</u>	1243
<u>assistance program on the basis of being any of the following:</u>	1244
<u>(1) Deemed presumptively eligible for medicaid pursuant to</u>	1245
<u>section 5163.101 of the Revised Code;</u>	1246
<u>(2) Eligible for alien emergency medical assistance, as</u>	1247
<u>specified in section 1903(v) (2) of the "Social Security Act," 42</u>	1248
<u>U.S.C. 1396b(v) (2);</u>	1249
<u>(3) Eligible for the refugee medical assistance program</u>	1250
<u>administered pursuant to section 5160.50 of the Revised Code.</u>	1251
<u>(D) If the waiver component is implemented, at the end of</u>	1252
<u>the second year after its implementation date, the medicaid</u>	1253
<u>director shall prepare and submit a report to the general</u>	1254
<u>assembly in accordance with section 101.68 of the Revised Code</u>	1255
<u>that includes the following information regarding the children</u>	1256
<u>described in division (B) of this section, excluding the</u>	1257
<u>children described in division (C) of this section:</u>	1258
<u>(a) The number of children from birth through age three</u>	1259
<u>determined eligible for medical assistance or child health</u>	1260
<u>assistance during the two-year period after the waiver component</u>	1261
<u>is implemented;</u>	1262
<u>(b) The average cost per child of a child from birth</u>	1263
<u>through age three that received medical assistance or child</u>	1264
<u>health assistance during fiscal years 2018-2019, 2020-2021,</u>	1265
<u>2022-2023, and 2024-2025, respectively;</u>	1266
<u>(c) The average number of preventive services provided per</u>	1267
<u>child from birth through age three under a medical assistance or</u>	1268

child health assistance program during the two-year period after 1269
the waiver component is implemented. 1270

Section 2. That existing sections 3125.18, 3701.61, 1271
3701.611, 5101.342, 5101.35, 5101.80, 5101.801, 5123.0421, 1272
5123.33, 5153.16, 5162.13, and 5162.131 of the Revised Code are 1273
hereby repealed. 1274

Section 3. (A) As used in this section: 1275

(1) "WIC" means the Special Supplemental Nutrition Program 1276
for Women, Infants, and Children established under the "Child 1277
Nutrition Act of 1966," 42 U.S.C. 1786. 1278

(2) "SNAP" means the Supplemental Nutrition Assistance 1279
Program administered by the Department of Job and Family 1280
Services under section 5101.54 of the Revised Code in accordance 1281
with the "Food and Nutrition Act of 2008," 7 U.S.C. 2011. 1282

(B) The Department of Health shall evaluate and invest in 1283
strategies to create an integrated eligibility determination 1284
application for both WIC and SNAP. The Department of Health 1285
shall collaborate with the Department of Job and Family Services 1286
as necessary to create this application. 1287

(C) The Department of Health shall investigate and 1288
determine the feasibility of the following: 1289

(1) Incorporating all available federal waivers, including 1290
a waiver permitting the use of telephone and video calls to 1291
complete WIC enrollment; 1292

(2) Creating pilot opportunities and modifying the WIC 1293
internet web site to simplify the application process and 1294
benefit distribution for WIC, including by: 1295

(a) Pursuing multi-program enrollment through Ohio 1296

Benefits;	1297
(b) Allowing for adjunctive eligibility for WIC applicants	1298
who show proof of enrollment in SNAP, Ohio Works First, or	1299
Medicaid;	1300
(c) Enabling automatic online loading of benefits to WIC	1301
nutrition cards;	1302
(d) Offering online shopping with WIC nutrition cards;(e)	1303
Exploring other ways to improve access to WIC benefits and	1304
remove administrative burdens.	1305
(D) Six months after the effective date of this section,	1306
the Department of Health shall submit a report to the General	1307
Assembly in accordance with section 101.68 of the Revised Code.	1308
The report shall detail the results of the investigation	1309
required by division (C) of this section, including the	1310
feasibility of implementing the various changes to the WIC	1311
program and the anticipated impact of permanently adopting the	1312
changes.	1313
Section 4. (A) The Department of Health shall create an	1314
Ohio-tailored, membership-based mobile application available to	1315
pregnant and postpartum women who are eligible for Medicaid. The	1316
Department of Health, in collaboration with the Department of	1317
Medicaid, shall issue a request for proposals to onboard the	1318
mobile application platform described in this section. The	1319
request for proposals shall include the following deliverables:	1320
(1) The selected vendor will deliver education, resources,	1321
and support to pregnant women and their families.	1322
(2) The selected vendor will provide Ohio-specific	1323
information on its mobile application, including links to the	1324
Department of Medicaid and other state agency programs and	1325

resources available to pregnant and postpartum women. 1326

(3) The selected vendor will demonstrate a consistent 1327
workflow to increase awareness of state agency programs and 1328
resources available to users of the mobile application. 1329

(4) The selected vendor will enable the Department of 1330
Medicaid and other state agencies to ask specific questions to 1331
users of the mobile application. 1332

(5) The selected vendor will enable the Department of 1333
Medicaid to share specific content and resources, as determined 1334
by the Department, with users of the mobile application. 1335

(6) The selected vendor will include information and 1336
resources in the mobile application that meet acceptable United 1337
States clinical standards, including standards defined by all of 1338
the following: 1339

(a) The United States Centers for Disease Control and 1340
Prevention; 1341

(b) The United States National Institutes of Health; 1342

(c) The American College of Obstetricians and 1343
Gynecologists; 1344

(d) The American Medical Association; 1345

(e) The American Academy of Pediatrics. 1346

(7) The selected vendor will make its mobile application 1347
available in multiple languages to provide access to as many 1348
users in the state as possible. 1349

(8) The selected vendor will regularly provide the 1350
Department of Health and the Department of Medicaid with 1351
aggregate, deidentified data concerning the following: 1352

(a) The number of users of the mobile application that are eligible for Medicaid;	1353 1354
(b) The number of users of the mobile application that are engaging with Ohio-specific content;	1355 1356
(c) The number of users of the mobile application seeking additional information about enrollment in the Medicaid program or other available resources;	1357 1358 1359
(d) The number of monthly users of the mobile application;	1360
(e) The number of daily users of the mobile application;	1361
(f) The average length of time a user uses the mobile application;	1362 1363
(g) Any other information requested by the Department of Health and Department of Medicaid.	1364 1365
(9) The selected vendor will make its mobile application accessible on both iOS and Android platforms.	1366 1367
(10) Any other deliverables determined by the Department of Health and Department of Medicaid.	1368 1369
(B) On the dates one year after the effective date of this section and two years after the effective date of this section, the Department of Health shall submit a report to the General Assembly in accordance with section 101.68 of the Revised Code summarizing the data collected pursuant to division (A) (8) of this section.	1370 1371 1372 1373 1374 1375
Section 5. The Department of Health shall establish a program to award grants to legal assistance organizations and medical providers that partner together to identify pregnant women, mothers, and children in need of legal services and to	1376 1377 1378 1379

provide them with those services. The program's aim is to 1380
resolve, through the legal system, negative social determinants 1381
of health, such as unsafe housing, food or income insecurity, 1382
domestic violence, and child custody disputes, in an effort to 1383
increase participation in prenatal care and improve health 1384
outcomes for pregnant women, mothers, and children. 1385

In awarding grants, the Department shall prioritize 1386
partnerships that demonstrate to the Department their ability to 1387
coordinate with case management and home visitation services. As 1388
a condition of receiving a grant, each legal assistance 1389
organization and medical provider partnership shall monitor 1390
health outcomes for the pregnant women, mothers, and children 1391
receiving legal services under the partnership and shall report 1392
on a regular basis those outcomes to the Department. 1393

The report shall include an evaluation of the grant 1394
program that addresses the number of women, mothers, and 1395
children served, the number and type of services provided, and 1396
any health and developmental outcomes for participating women, 1397
mothers, and children. 1398

Section 6. The Department of Medicaid shall study how 1399
evidence-based peer-to-peer programming that supports infant 1400
vitality can be reimbursed through the Medicaid program. The 1401
Department shall submit a report summarizing the results of the 1402
study to the General Assembly in accordance with section 101.68 1403
of the Revised Code one year after the effective date of this 1404
section. 1405

Section 7. (A) The Department of Job and Family Services 1406
shall establish a pilot program to assist in the development of 1407
quality, comprehensive child care programs like Early Head Start 1408
across the state. The program shall focus on communities, 1409

including Appalachian, rural, and urban communities, 1410
experiencing both of the following: 1411

(1) High rates of infant mortality; 1412

(2) Limited access to child care for infants, toddlers, 1413
and families all at risk of being part of, or engaged in, the 1414
child welfare system. 1415

(B) Under the pilot program, the Department shall award 1416
resiliency grants to entities or organizations seeking to 1417
establish new, or enhance existing, center-based, home-based, 1418
and child care partnership programs for the communities, 1419
children, and families described in division (A) of this 1420
section. To be eligible, an entity or organization shall 1421
demonstrate that the entity or organization is able to offer 1422
wraparound services, mental health supports, and therapeutic 1423
classrooms to assist in overcoming barriers and achieving family 1424
stability. 1425

(C) In meeting the requirements of this section, the 1426
Department shall do the following: 1427

(1) Consider how to best encourage innovative partnerships 1428
and develop models to improve developmental and learning 1429
outcomes, with a focus on prenatal to age three, also while 1430
helping to meet local community workforce needs and further 1431
state literacy and education priorities; 1432

(2) Assist the programs described in division (B) of this 1433
section, including local Head Start programs, in collecting data 1434
that will better enable the programs to apply for federal grants 1435
and maintain funding over the course of grant cycles. 1436

(D) The Department shall evaluate the program on a 1437
periodic basis and shall address the number of families and 1438

children served, the number and type of services provided, and 1439
any health and developmental outcomes for participating families 1440
and children. 1441

Section 8. (A) Not later than June 30, 2025, the Medicaid 1442
Director shall evaluate, clarify, and update the Medicaid 1443
program's coverage of evidence-based and evidence-informed 1444
mental health and dyadic family therapy services for children 1445
and their caregivers, which are intended to improve outcomes for 1446
children from birth through five years of age. The Director's 1447
evaluation, clarification, and update to coverage shall address 1448
mental health and related screening for infants, toddlers, young 1449
children, pregnant women, women postpartum, and mothers and 1450
other caregivers, and shall include follow-up for those with 1451
identified risk, for parent-child dyadic therapies, and other 1452
infant and early child mental health services. 1453

The Director shall develop policy and billing guidance for 1454
Medicaid providers to do all of the following: 1455

(1) Improve the use of mental health and dyadic family 1456
therapy services for children from birth through age five and 1457
their families and other caregivers; 1458

(2) Improve the consistency of early childhood screenings 1459
delivered in primary care settings; 1460

(3) Encourage use of the Diagnostic Classification of 1461
Mental Health and Developmental Disorders of Infancy and Early 1462
Childhood published by ZERO TO THREE and known as the "DC:0-5" 1463
for assessing and diagnosing infants, toddlers, and young 1464
children, and permit use of ICD-10 diagnosis codes, published by 1465
the United States Department of Health and Human Services, for 1466
Medicaid billing. 1467

C	GRF	195419	Healthy Beginnings at Home	\$16,000,000	\$1,000,000
D	TOTAL GRF General Revenue Fund			\$16,000,000	\$1,000,000
E	TOTAL ALL BUDGET FUND GROUPS			\$16,000,000	\$1,000,000

HEALTHY BEGINNINGS AT HOME 1490

Of the foregoing appropriation item 195419, Healthy Beginnings at Home, up to \$15,000,000 in fiscal year 2024 shall be used, in coordination with the Department of Health, to support stable housing initiatives for pregnant mothers and to improve maternal and infant health outcomes. 1491-1495

Of the foregoing appropriation item 195419, Healthy Beginnings at Home, up to \$1,000,000 in each fiscal year shall be used for Move to Prosper efforts. 1496-1498

Within one year of the effective date of this section, the Department shall submit a report to the General Assembly in accordance with section 101.68 of the Revised Code detailing the number of families served by stable housing initiatives including Move to Prosper efforts, the number and type of services provided, and outcome metrics including health and developmental outcomes. 1499-1505

Section 11. 1506

1507

1 2 3 4 5

D	GRF	440459	Help Me Grow	\$5,000,000	\$3,000,000
E	GRF	440474	Infant Vitality	\$2,000,000	\$2,000,000
F	GRF	440484	Public Health Technology Innovation	\$500,000	\$500,000
G	GRF	440485	Health Program Support	\$1,000,000	\$1,000,000
H	TOTAL GRF General Revenue Fund			\$10,500,000	\$8,500,000
I	TOTAL ALL BUDGET FUND GROUPS			\$10,500,000	\$8,500,000

MOTHERS AND CHILDREN SAFETY NET SERVICES 1522

The foregoing appropriation item 440416, Mothers and 1523
 Children Safety Net Services, shall be used for the activities 1524
 specified in Section 3 of this act. 1525

HELP ME GROW 1526

Of the foregoing appropriation item 440459, Help Me Grow, 1527
 \$2,000,000 in fiscal year 2024 shall be used for home visiting 1528
 services and to screen infants who were born at low birth 1529
 weights and between the gestational ages of twenty-eight to 1530
 thirty-eight weeks to determine if the infant could benefit from 1531
 receiving Part C Early Intervention services. An amount equal to 1532
 the unexpended, unencumbered balance of this allocation at the 1533
 end of fiscal year 2024 is hereby reappropriated to the same 1534
 appropriation item for the same purpose in fiscal year 2025. 1535

The remainder of appropriation item 440459, Help Me Grow, 1536
 shall be used by the Director of Health to support the 1537
 following: 1538

(A) Establishing a comprehensive screening and connection 1539

program as described in division (D) of section 3701.61 of the Revised Code and evaluating Help Me Grow's effectiveness in coordinating services;

(B) Expanding eligible providers of home visiting services and allowing providers of home visiting services to supplement their services with those available online or through other electronic means as specified in division (H) of section 3701.61 of the Revised Code;

(C) Evaluating the Help Me Grow Program in accordance with division (I) of section 3701.61 of the Revised Code;

(D) Increasing the workforce capacity of home visiting service providers and parenting support professionals as specified in division (J) of section 3701.61 of the Revised Code;

(E) Increasing participation in parenting education programs, including the Triple P Program, in accordance with section 5101.91 of the Revised Code and in consultation with the Department of Job and Family Services;

(F) Expanding access to fatherhood programming through the Ohio Fatherhood Commission in consultation with the Department of Job and Family Services.

INFANT VITALITY

Of the foregoing appropriation item 440474, Infant Vitality, \$1,000,000 in each fiscal year shall be used for Centering Pregnancy services and similar evidence-based and evidence-informed group pregnancy education programs and targeted outreach to at-risk pregnant mothers and mothers of infants in areas of the state where there are gaps in such services, as identified by the Director of Health. Funding shall

be targeted first to areas with the highest levels of infant and 1569
maternal mortality. 1570

Of the foregoing appropriation item 440474, Infant 1571
Vitality, \$1,000,000 in each fiscal year shall be used to 1572
establish a community-based grant program to expand access to 1573
infant vitality supports. 1574

PUBLIC HEALTH TECHNOLOGY INNOVATION 1575

The foregoing appropriation item 440484, Public Health 1576
Technology Innovation, shall be used for a mobile application 1577
for Medicaid-eligible pregnant and postpartum women in 1578
accordance with Section 4 of this act. 1579

HEALTH PROGRAM SUPPORT 1580

The foregoing appropriation item 440485, Health Program 1581
Support, shall be used to award grants to legal assistance 1582
organizations and medical providers that partner together to 1583
identify pregnant women, mothers, and children in need of legal 1584
services in accordance with Section 5 of this act. 1585

Section 13. 1586

1587

	1	2	3	4	5
A			JFS DEPARTMENT OF JOB AND FAMILY SERVICES		
B			General Revenue Fund		
C	GRF	600566	Resiliency Grant Pilot Program	\$3,000,000	\$3,000,000

D	TOTAL GRF General Revenue Fund	\$3,000,000	\$3,000,000
E	TOTAL ALL BUDGET FUND GROUPS	\$3,000,000	\$3,000,000

RESILIENCY GRANT PILOT PROGRAM 1588

The foregoing appropriation item 600566, Resiliency Grant 1589
Pilot Program, shall be used to fund the pilot program in 1590
accordance with Section 7 of this act. 1591

Section 14. 1592

1593

1 2 3 4 5

A	MHA DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES				
B	General Revenue Fund				
C	GRF	336511	Early Childhood Mental Health Counselors and Consultation	\$6,000,000	\$6,000,000
D	TOTAL GRF General Revenue Fund			\$6,000,000	\$6,000,000
E	TOTAL ALL BUDGET FUND GROUPS			\$6,000,000	\$6,000,000

EARLY CHILDHOOD MENTAL HEALTH COUNSELORS AND CONSULTATION 1594

The foregoing appropriation item 336511, Early Childhood 1595
Mental Health Counselors and Consultation, shall first be used 1596
for the development of online and other training tools, service 1597
and referral supports, and to evaluate program impact with a 1598
child care professional cohort. Any remaining amounts shall be 1599

used to support early childhood mental health consulting, 1600
coaching, and training in behavior management, and mental health 1601
supports for child care assistant teachers and lead teachers to 1602
address needs of young children, in conjunction with their 1603
parents. 1604

Section 15. Within the limits set forth in this act, the 1605
Director of Budget and Management shall establish accounts 1606
indicating the source and amount of funds for each appropriation 1607
made in this act, and shall determine the manner in which 1608
appropriation accounts shall be maintained. Expenditures from 1609
operating appropriations contained in this act shall be 1610
accounted for as though made in, and are subject to all 1611
applicable provisions of, the main operating appropriations act 1612
of the 135th General Assembly. 1613

Section 16. This act shall be known as the Strong 1614
Foundations Act. 1615