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Representatives Roemer, White, A.

Cosponsors: Representatives Schmidt, Abrams, Baker, Brennan, Brent, Brewer, Brownlee, Bryant Bailey, Click, Cockley, Daniels, Deeter, Fowler Arthur, Glassburn, Grim, Gross, Hall, D., Hoops, Isaacsohn, John, Lett, Manning, Miller, M., Mohamed, Odioso, Piccolantonio, Richardson, Robb Blasdel, Salvo, Sigrist, Somani, Sweeney, Synenberg, Thomas, D., Tims, Troy, Upchurch, White, E., Williams, Willis, Young

To amend section 173.503 and to repeal section 173.502 of the Revised Code regarding site expansion and timely enrollment for the Program of All-Inclusive Care for the Elderly (PACE).

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

Section 1. That section 173.503 of the Revised Code be amended to read as follows:

Sec. 173.503. The department of aging shall seek to implement a presumptive eligibility component to the PACE program, under which applicants for PACE may receive services under the program during a temporary period, to begin immediately upon application and a finding of presumptive eligibility, while a PACE organization conducts a full eligibility determination on behalf of the individual. ~~If the individual is determined to be ineligible for PACE, the PACE organization that found the individual presumptively eligible shall be responsible for the costs of PACE services provided to~~

~~the individual during the presumptive eligibility period.~~A PACE organization may enroll an individual in PACE on the first day of the month following the date the individual applied for PACE and begin providing PACE services to the individual before the individual's medicaid application has been approved, if the department of aging has determined that the individual meets all other PACE eligibility requirements. If the individual is found to be medicaid eligible, the department of medicaid shall reimburse the PACE organization for PACE services provided to the individual by the organization, beginning on the date the individual was enrolled in PACE under this section. If the individual is determined to be ineligible for medicaid, the PACE organization shall assume financial responsibility for the length of the individual's enrollment in PACE. The PACE organization may request the individual pay the private pay rate for PACE services. If the participant chooses not to pay the private pay rate, the PACE organization may follow the department of aging's involuntary disenrollment requirements to disenroll the individual.

Section 2. That existing section 173.503 of the Revised Code is hereby repealed.

Section 3. That section 173.502 of the Revised Code is hereby repealed.

Section 4. (A) As used in this section:

(1) "CMS" means the United States Centers for Medicare and Medicaid Services.

(2) "Entity" has the same meaning as in 42 C.F.R. 460.10.

(3) "PACE center," "PACE organization," "participant," and "state administering agency" have the same meanings as in 42

C.F.R. 460.6.

(B)(1) Not later December 31, 2026, the Department of Aging shall issue a request for proposals from any entity interested in becoming a PACE organization located in a county of this state not served by the PACE program on the effective date of this section. Proposals shall be submitted to the Department not later than ninety days after the date the Department issues the request for proposals.

(2) Division (B)(1) of this section does not prevent the Department from expanding the PACE program outside of the process required by that division, including by issuing other requests for proposals. All rates for new PACE organizations added on or after the effective date of this section by a request for proposal shall be the same as for PACE organizations in existence on that date.

(C) To be eligible for approval by the Department to become a PACE organization, an entity that submits a proposal pursuant to division (B)(1) of this section shall meet all of the following requirements:

(1) The entity provides a feasibility study of its proposed service area to the Department.

(2) The entity has a current, valid provider agreement, as defined in section 5164.01 of the Revised Code, or will be eligible to enter into a provider agreement by the time that the entity will begin providing services under the PACE program.

(3) The entity meets all federal requirements applicable to PACE organizations.

(4) The entity demonstrates to the satisfaction of the Department that the organization has experience providing health

care services to frail older adults and that each member of the entity's staff, including employees and contractors, complies with 42 C.F.R. 460.64.

(5) The entity has a facility suitable to be a PACE center, or plans to acquire, build, or expand a facility suitable to be a PACE center prior to beginning services, in its proposed service area, as described in the request for proposals process.

(6) The entity meets any additional requirements in rules adopted by the Department pursuant to division (G) of this section.

(D) The Department shall review all proposals submitted in accordance with division (B)(1) of this section. The Department shall determine from the proposals which entities it considers qualified to become PACE organizations for each service area. The determination shall be made not later than June 30, 2027.

(E) An entity considered by the Department as qualified to become a PACE organization may apply to CMS to become a PACE organization. The Department shall provide support to any such organization that applies to CMS by complying with federal requirements.

(F) Each entity approved to become a PACE organization by CMS shall begin providing services to participants not later than two years after the entity receives notice of its approval from CMS, consistent with federal financial participation.

(G) The Director of Aging may adopt rules to implement this section. The rules shall be adopted in accordance with Chapter 119. of the Revised Code.