

As Re-Referred by the House Rules and Reference Committee

134th General Assembly

Regular Session

2021-2022

Sub. H. B. No. 466

Representative Edwards

A BILL

To amend section 3701.83 and to enact sections 1
3724.01, 3724.02, 3724.03, 3724.04, 3724.05, 2
3724.06, 3724.07, 3724.08, 3724.09, 3724.10, 3
3724.11, 3724.12, 3724.13, 3724.14, and 3724.99 4
of the Revised Code and to amend Section 261.150 5
of H.B. 110 of the 134th General Assembly to 6
establish requirements for the registration and 7
operation of health care staffing agencies, to 8
make changes relating to the fiscal year 2023 9
payment rates for intermediate care facilities 10
for individuals with intellectual disabilities, 11
to allow an extension of time to begin a project 12
under a certificate of need granted during the 13
COVID-19 pandemic, to amend the version of 14
section 3701.83 of the Revised Code that is 15
scheduled to take effect on September 30, 2024, 16
to continue the change on and after that date, 17
and to make an appropriation. 18

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

Section 1. That section 3701.83 be amended and sections 19
3724.01, 3724.02, 3724.03, 3724.04, 3724.05, 3724.06, 3724.07, 20

3724.08, 3724.09, 3724.10, 3724.11, 3724.12, 3724.13, 3724.14, 21
and 3724.99 of the Revised Code be enacted to read as follows: 22

Sec. 3701.83. There is hereby created in the state 23
treasury the general operations fund. Moneys in the fund shall 24
be used for the purposes specified in sections 3701.04, 25
3701.344, 3702.20, 3711.16, 3717.45, 3718.06, 3721.02, 3721.022, 26
3724.14, 3729.07, 3733.43, 3748.04, 3748.05, 3748.07, 3748.12, 27
3748.13, 3749.04, 3749.07, 4736.06, and 4769.09 of the Revised 28
Code. 29

Sec. 3724.01. As used in this chapter: 30

(A) "Controlling person" means either of the following: 31

(1) A business entity, officer, program administrator, or 32
director whose responsibilities include directing the management 33
or policies of a health care staffing agency; 34

(2) An individual who, directly or indirectly, owns an 35
interest in a business entity described in division (A) (1) of 36
this section. 37

(B) "Health care personnel" means any licensed health care 38
professional or unlicensed health care personnel who provides 39
care, support, or services directly to patients. 40

(C) "Health care provider" means any of the following: 41

(1) A home, as defined in section 3721.10 of the Revised 42
Code; 43

(2) A home health agency, as defined in section 3740.01 of 44
the Revised Code; 45

(3) A hospice care program, as defined in section 3712.01 46
of the Revised Code; 47

(4) A residential facility, as defined in section 5123.19 48
of the Revised Code; 49

(5) A residential facility, as defined in section 5119.34 50
of the Revised Code; 51

(6) A community addiction services provider, as defined in 52
section 5119.01 of the Revised Code; 53

(7) A community mental health services provider, as 54
defined in section 5119.01 of the Revised Code; 55

(8) A medicaid provider who provides medicaid waiver 56
component services, as defined in section 5166.01 of the Revised 57
Code. 58

(D) "Health care staffing agency" means a person that is 59
regularly engaged in the business of providing or procuring, for 60
a fee, health care personnel to serve as temporary staff for 61
health care providers. "Health care staffing agency" includes an 62
online health care staff matching service. "Health care staffing 63
agency" does not include either of the following: 64

(1) An individual who is engaged only in providing or 65
offering that individual's services to health care providers as 66
a temporary employee or contractor; 67

(2) A government entity. 68

(E) "Online health care staff matching service" means a 69
person that operates or offers an electronic platform on which 70
health care personnel may be listed as available to serve as 71
temporary staff for health care providers. 72

Sec. 3724.02. (A) Each health care staffing agency shall 73
annually register with the director of health. For purposes of 74
the registration requirement, each physical location of a health 75

care staffing agency shall separately register with the 76
director. 77

(B) The director shall establish registration application 78
forms and procedures. Each registration application shall be 79
accompanied by the fee set forth in division (C) of this section 80
and include at least the following: 81

(1) (a) The name and address of each owner with an interest 82
of five per cent or more in the health care staffing agency, 83
except that if that information does not result in a disclosure 84
of at least eighty-five per cent of the ownership of the agency, 85
all owners shall be disclosed; 86

(b) If an owner is not a natural person, the name and 87
address of each natural person with more than a five per cent 88
interest in that owner. 89

(2) If the health care staffing agency, or an owner, is a 90
corporation, a copy of the associated articles of incorporation 91
and current bylaws, and the name and address of each officer and 92
director; 93

(3) A copy of the health care staffing agency's policies 94
and procedures designed to ensure compliance with divisions (A) 95
(4) and (5) of section 3724.07 of the Revised Code, as well as 96
any other proof of compliance required by the director; 97

(4) A copy of the health care staffing agency's policies 98
and procedures regarding record retention and availability 99
designed to ensure compliance with divisions (A) (6) and (7) of 100
section 3724.07 of the Revised Code; 101

(5) Certification that the health care staffing agency has 102
not had a registration revoked under this chapter within the 103
three years immediately preceding the date of the application; 104

<u>(6) Any other information or documentation required by the</u>	105
<u>director.</u>	106
<u>(C) Each applicant for registration of a health care</u>	107
<u>staffing agency shall pay an application fee in the amount of</u>	108
<u>two thousand dollars. The fee is nonrefundable.</u>	109
<u>Sec. 3724.03. The director of health shall review each</u>	110
<u>application received under section 3724.02 of the Revised Code</u>	111
<u>for registration of a health care staffing agency. The director</u>	112
<u>shall register a health care staffing agency if the applicant</u>	113
<u>has submitted a complete application, paid the application fee,</u>	114
<u>and demonstrated to the director's satisfaction that the</u>	115
<u>requirements for registration as set forth in this chapter are</u>	116
<u>met.</u>	117
<u>Sec. 3724.04. A registration issued under this chapter to</u>	118
<u>a health care staffing agency is valid for one year from the</u>	119
<u>date of its issuance, unless one of the following is the case:</u>	120
<u>(A) The agency's registration is earlier revoked or</u>	121
<u>suspended.</u>	122
<u>(B) The agency is sold.</u>	123
<u>(C) The agency's ownership or management is transferred</u>	124
<u>such that forty per cent or more of the owners or managers of</u>	125
<u>the agency were not previously registered under this chapter.</u>	126
<u>Sec. 3724.05. (A) A health care staffing agency that has</u>	127
<u>provided staffing services during the year preceding the</u>	128
<u>agency's registration renewal date may renew the agency's</u>	129
<u>registration by applying to the director of health using a</u>	130
<u>registration renewal form established by the director and</u>	131
<u>complying with any renewal application procedures established by</u>	132
<u>the director.</u>	133

(B) The director of health shall establish forms and 134
procedures for processing applications for the annual renewal of 135
registrations issued under this chapter. The director shall 136
charge a fee of two thousand dollars for renewal. The fee is 137
nonrefundable. 138

(C) An application for renewal shall include all of the 139
following information: 140

(1) A description of any changes to the items described in 141
division (B) of section 3724.02 of the Revised Code; 142

(2) Documentation demonstrating that the agency provided 143
staffing services to health care providers during the calendar 144
year immediately preceding the registration renewal date. 145

(D) An applicant for registration renewal shall pay the 146
renewal fee during the month of the renewal date. If an 147
applicant fails to pay the renewal fee during that month, the 148
applicant shall pay a late fee of two hundred dollars in 149
addition to the renewal fee. If the renewal fee or any late fee 150
is not paid by the thirtieth day after the renewal date, the 151
director may, in accordance with Chapter 119. of the Revised 152
Code, revoke the agency's registration. 153

(E) The director shall review all applications received 154
for registration renewal. If an application is complete, the 155
renewal fee and any late fee have been paid, and the director 156
determines that the applicant meets all other eligibility 157
requirements, the director shall renew the applicant's 158
registration to operate a health care staffing agency. 159

(F) A health care staffing agency that has not provided 160
staffing services during the year preceding the agency's 161
registration renewal date is ineligible for renewal, but may 162

apply for a new registration under section 3724.02 of the 163
Revised Code. 164

Sec. 3724.06. (A) Except as provided in division (B) of 165
this section, no person shall knowingly operate a health care 166
staffing agency unless the person is registered under this 167
chapter. 168

(B) In the case of a health care staffing agency that is 169
operating on the effective date of this section, an application 170
for registration shall be submitted under section 3724.02 of the 171
Revised Code not later than thirty days after the effective date 172
of this section. If the application is submitted accordingly, 173
the agency may continue to operate without being registered 174
until the earlier of the following: 175

(1) The date a final decision is made by the director of 176
health to deny the registration; 177

(2) The date that is one hundred twenty days after the 178
effective date of this section. 179

Sec. 3724.07. (A) Each health care staffing agency 180
registered under this chapter shall do all of the following: 181

(1) Ensure that when the health care staffing agency 182
assigns or otherwise agrees to provide health care personnel to 183
a health care provider to work for a specific shift or other 184
time period, the assigned personnel or a substitute works for 185
the agreed time period at no additional charge to the provider; 186

(2) Establish and provide to health care providers a 187
schedule of fees and charges that shall not be modified except 188
after providing written notice at least thirty days in advance 189
of any change; 190

<u>(3) Employ, as an employee of the health care staffing</u>	191
<u>agency, each individual that the agency provides to a health</u>	192
<u>care provider to serve as temporary health care personnel;</u>	193
<u>(4) Verify, maintain, and, upon request of a health care</u>	194
<u>provider to which the agency provides health care personnel,</u>	195
<u>furnish supporting documentation that each individual provided</u>	196
<u>to the provider to serve as temporary health care personnel, at</u>	197
<u>the time of placement, meets all of the following:</u>	198
<u>(a) Minimum licensing, training, and continuing education</u>	199
<u>standards for the position in which the individual will be</u>	200
<u>working;</u>	201
<u>(b) Criminal records check requirements for employees of</u>	202
<u>the health care provider;</u>	203
<u>(c) Requirements for reviewing registries of persons with</u>	204
<u>findings of abuse or neglect;</u>	205
<u>(d) Requirements for determining whether exclusions from</u>	206
<u>medicare or medicaid exist;</u>	207
<u>(e) All of the health care provider's employee health</u>	208
<u>requirements, including requirements relating to testing for and</u>	209
<u>vaccination against infectious disease and requirements relating</u>	210
<u>to drug testing;</u>	211
<u>(f) Any other qualification or requirement maintained by</u>	212
<u>the health care provider for its employees.</u>	213
<u>(5) Prohibit all health care staffing agency employees</u>	214
<u>from recruiting employees of the health care provider with which</u>	215
<u>health care personnel are placed, and instruct all agency</u>	216
<u>employees regarding this prohibition;</u>	217
<u>(6) Make health care staffing agency records immediately</u>	218

<u>available to the director of health during normal business</u>	219
<u>hours;</u>	220
<u>(7) Retain health care staffing agency records for a</u>	221
<u>minimum of five years or a longer period if required by state or</u>	222
<u>federal law;</u>	223
<u>(8) Carry professional liability insurance that covers at</u>	224
<u>least one million dollars per occurrence and three million</u>	225
<u>dollars aggregate to protect against loss, damage, or expense</u>	226
<u>incident to a claim arising out of the death or injury of any</u>	227
<u>person as the result of negligence or malpractice in the</u>	228
<u>provision of health care services by the health care staffing</u>	229
<u>agency or any of the agency's employees;</u>	230
<u>(9) Secure and maintain workers' compensation coverage in</u>	231
<u>accordance with Chapters 4121., 4123., 4127., and 4131. of the</u>	232
<u>Revised Code;</u>	233
<u>(10) Carry a surety bond for employee dishonesty that</u>	234
<u>provides coverage in an amount that is not less than one hundred</u>	235
<u>thousand dollars.</u>	236
<u>(B) A health care staffing agency shall not attempt to</u>	237
<u>require a health care provider, by contract or otherwise, to</u>	238
<u>waive any of the requirements of this chapter or the rules</u>	239
<u>adopted under it as a condition of supplying personnel to the</u>	240
<u>provider. Any waiver of the requirements that may result from</u>	241
<u>such an attempt is void and unenforceable.</u>	242
<u>Sec. 3724.08.</u> <u>In addition to other activities prohibited</u>	243
<u>by this chapter, a health care staffing agency is subject to all</u>	244
<u>of the following:</u>	245
<u>(A) The agency shall not restrict the employment</u>	246
<u>opportunities of its employees, including by requiring any of</u>	247

<u>the following:</u>	248
<u>(1) That an employee pay money to terminate employment or otherwise cease to provide services;</u>	249 250
<u>(2) That an employee enter into a post-termination of services noncompete agreement;</u>	251 252
<u>(3) That an employee accept an employment buyout.</u>	253
<u>(B) The agency shall not require, in any contract with an employee or health care provider, the payment of liquidated damages, employment fees, or other compensation related to an employee being hired as a permanent employee of the health care provider.</u>	254 255 256 257 258
<u>(C) (1) Except as provided in division (C) (2) of this section, the agency shall not recruit, solicit, or entice an employee of a health care provider to leave employment with the provider.</u>	259 260 261 262
<u>(2) Division (C) (1) of this section does not prohibit a health care staffing agency from generally advertising to the public that the staffing agency may pay a signing bonus, or from offering or paying a signing bonus to an individual who was or is an employee of a health care provider so long as the staffing agency did not initiate contact related to employment while the individual was actively employed by a health care provider.</u>	263 264 265 266 267 268 269
<u>(D) The agency shall not pay or make a gift to any employee of a health care provider.</u>	270 271
<u>(E) The agency shall not contract with individuals as independent contractors for use by the agency in providing temporary health care personnel to health care providers.</u>	272 273 274
<u>Sec. 3724.09. (A) (1) A health care staffing agency shall</u>	275

not bill or receive payments from an applicable health care 276
provider for any category of health care personnel listed in the 277
medicaid cost reports submitted under section 5124.10 or 5165.10 278
of the Revised Code at a rate that is higher than one hundred 279
fifty per cent of the statewide direct care median hourly wage 280
for that category of personnel, as that wage is determined by 281
the department of medicaid from the cost reports for the most 282
recent calendar year for which the department of medicaid has 283
determined such a median wage, multiplied by the rate of 284
inflation estimated under division (A) (3) of this section. The 285
department of medicaid shall calculate and publish statewide 286
direct care median hourly wages for all personnel categories 287
reported on the cost reports as soon as practicable after 288
receiving the reports. 289

(2) A maximum rate established under division (A) (1) of 290
this section includes all charges for administrative fees, 291
contract fees, shift bonuses, or any other charges in addition 292
to the hourly rates for the health care personnel supplied to a 293
health care provider, except that the health care staffing 294
agency may charge the provider an additional hourly amount of 295
not more than ten per cent of the maximum rate for an individual 296
who directly provides care to patients with an infectious 297
disease for which a declared public health emergency is in 298
effect. 299

(3) The department of medicaid shall estimate the rate of 300
inflation for the twelve-month period beginning on the first day 301
of July of the cost report year and ending on the last day of 302
June of the calendar year for which the rate is determined, 303
using the following: 304

(a) Subject to division (A) (3) (b) of this section, the 305

employment cost index for total compensation, health care and 306
social assistance component, published by the United States 307
bureau of labor statistics; 308

(b) If the United States bureau of labor statistics ceases 309
to publish the index specified in division (A)(3)(a) of this 310
section, the index that is subsequently published by the bureau 311
and covers the staff costs of health care providers. 312

(B) The medicaid director may establish median hourly 313
wages for any category of personnel not reported on cost reports 314
submitted under section 5124.10 or 5165.10 of the Revised Code 315
based on data submitted by health care providers that utilize 316
that category of personnel or based on any other data that the 317
director considers appropriate. If the medicaid director 318
establishes a median hourly wage for a category of personnel 319
under this division, the wage that is established shall be used 320
to set a maximum rate for the category of personnel in the same 321
manner that a maximum rate applies under division (A) of this 322
section. 323

Sec. 3724.10. (A) An applicant for or holder of a 324
registration issued under this chapter is subject to 325
disciplinary actions by the director of health as specified in 326
divisions (B) and (C) of this section. 327

(B) The director may deny, refuse to renew, revoke, or 328
suspend a health care staffing agency registration for any of 329
the following reasons: 330

(1) Lack of financial solvency or suitability; 331

(2) Inadequate treatment and care or criminal activity by 332
personnel supplied by the agency or by any person managing the 333
agency; 334

<u>(3) Interference with a survey or other inspection</u>	335
<u>conducted under section 3724.12 of the Revised Code;</u>	336
<u>(4) Failure to comply with the conditions or requirements</u>	337
<u>that must be met to obtain and retain a registration;</u>	338
<u>(5) Failure to comply with any other requirement of this</u>	339
<u>chapter or the rules adopted under it.</u>	340
<u>(C) The director shall revoke the registration of a health</u>	341
<u>care staffing agency that knowingly provides to a health care</u>	342
<u>provider a person with an illegally or fraudulently obtained or</u>	343
<u>issued diploma, registration, license, certificate, criminal</u>	344
<u>records check, or other item required for employment by a health</u>	345
<u>care provider.</u>	346
<u>(D) In addition to the disciplinary actions described in</u>	347
<u>divisions (B) and (C) of this section, the director shall fine a</u>	348
<u>health care staffing agency found to be in violation of section</u>	349
<u>3724.09 of the Revised Code in an amount that is equal to two</u>	350
<u>hundred per cent of the amount billed or received in excess of</u>	351
<u>the maximum permitted under that section.</u>	352
<u>A health care staffing agency may request a</u>	353
<u>reconsideration by the director of a fine imposed under this</u>	354
<u>division. The reconsideration process is not subject to Chapter</u>	355
<u>119. of the Revised Code.</u>	356
<u>(E) Except as provided in division (D) of this section,</u>	357
<u>all actions for imposing disciplinary actions and fines under</u>	358
<u>this section shall be taken in accordance with Chapter 119. of</u>	359
<u>the Revised Code.</u>	360
<u>(F) (1) The controlling person of a health care staffing</u>	361
<u>agency whose registration has not been renewed or has been</u>	362
<u>revoked is not eligible to apply for or to be granted a</u>	363

registration for five years following the date that the 364
registration is terminated for failure to renew or the date of 365
the final order of revocation. 366

(2) The director shall not issue or renew a registration 367
to operate a health care staffing agency if a controlling person 368
of the agency includes any individual or entity that was a 369
controlling person of a health care staffing agency whose 370
registration was not renewed or was revoked during the five-year 371
period immediately preceding the date the application for 372
registration or renewal under consideration was submitted. 373

Sec. 3724.11. The director of health shall establish a 374
system for the reporting of complaints against a health care 375
staffing agency or its employees. Reports may be made by any 376
individual. The director shall investigate all complaints made 377
against a health care staffing agency. 378

Sec. 3724.12. In addition to administering the 379
registration requirements of this chapter and investigating 380
complaints under section 3724.11 of the Revised Code, the 381
director of health shall oversee the operation of health care 382
staffing agencies by doing both of the following: 383

(A) Conducting surveys or other inspections on an annual 384
or unannounced basis; 385

(B) Taking any other actions the director considers 386
necessary to ensure agency compliance with this chapter and the 387
rules adopted under it. 388

Sec. 3724.13. The director of health shall adopt rules as 389
the director considers necessary to implement this chapter. All 390
rules adopted under this section shall be adopted in accordance 391
with Chapter 119. of the Revised Code. 392

Sec. 3724.14. All registration application fees, 393
registration renewal fees, and fines collected under this 394
chapter, other than financial penalties imposed under section 395
3724.99 of the Revised Code, shall be deposited in the state 396
treasury to the credit of the general operations fund created 397
under section 3701.83 of the Revised Code. The amounts shall be 398
used solely for purposes of administering and enforcing this 399
chapter and the rules adopted under it. 400

Sec. 3724.99. Whoever violates section 3724.06 of the 401
Revised Code is guilty of a misdemeanor of the second degree on 402
a first offense; for each subsequent offense, the person is 403
guilty of a misdemeanor of the first degree. 404

Section 2. That existing section 3701.83 of the Revised 405
Code is hereby repealed. 406

Section 3. That the version of section 3701.83 of the 407
Revised Code that is scheduled to take effect September 30, 408
2024, be amended to read as follows: 409

Sec. 3701.83. There is hereby created in the state 410
treasury the general operations fund. Moneys in the fund shall 411
be used for the purposes specified in sections 3701.04, 412
3701.344, 3711.16, 3717.45, 3718.06, 3721.02, 3721.022, 3724.14, 413
3729.07, 3733.43, 3748.04, 3748.05, 3748.07, 3748.12, 3748.13, 414
3749.04, 3749.07, 4736.06, and 4769.09 of the Revised Code. 415

Section 4. That existing section 3701.83 of the Revised 416
Code that is scheduled to take effect September 30, 2024, is 417
hereby repealed. 418

Section 5. Sections 3 and 4 of this act take effect 419
September 30, 2024. 420

Section 6. That Section 261.150 of H.B. 110 of the 134th 421

General Assembly be amended to read as follows:	422
Sec. 261.150. FISCAL YEAR 2022 and 2023 ICF/IID MEDICAID	423
RATES FOR PEER GROUPS 1, 2, 3, 4, AND 5	424
(A) As used in this section:	425
(1) "Change of operator," "entering operator," "exiting operator," "ICF/IID," "ICF/IID services," "Medicaid days," "peer group 1," "peer group 2," "peer group 3," "peer group 4," "peer group 5," "provider," and "provider agreement" have the same meanings as in section 5124.01 of the Revised Code.	426 427 428 429 430
(2) "Franchise permit fee" means the fee imposed by sections 5168.60 to 5168.71 of the Revised Code.	431 432
(B) (1) This section applies to each ICF/IID that is in peer group 1, peer group 2, peer group 3, peer group 4, or peer group 5 and to which any of the following, as applicable to a fiscal year, applies:	433 434 435 436
(a) In the context of determining an ICF/IID's total Medicaid payment rate for fiscal year 2022, any of the following is the case:	437 438 439
(i) The provider of the ICF/IID has a valid Medicaid provider agreement for the ICF/IID on June 30, 2021, and a valid Medicaid provider agreement for the ICF/IID during fiscal year 2022.	440 441 442 443
(ii) The ICF/IID undergoes a change of operator that takes effect during fiscal year 2022, the existing operator has a valid Medicaid provider agreement for the ICF/IID on the day immediately preceding the effective date of the change of operator, and the entering operator has a valid Medicaid provider agreement for the ICF/IID during fiscal year 2022.	444 445 446 447 448 449

(iii) The ICF/IID is a new ICF/IID for which the provider obtains an initial provider agreement during fiscal year 2022. 450
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(b) In the context of determining an ICF/IID's total Medicaid payment rate for fiscal year 2023, any of the following is the case: 452
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(i) The provider of the ICF/IID has a valid Medicaid provider agreement for the ICF/IID on June 30, 2022, and a valid Medicaid provider agreement for the ICF/IID during fiscal year 2023. 455
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(ii) The ICF/IID undergoes a change of operator that takes effect during fiscal year 2023, the existing operator has a valid Medicaid provider agreement for the ICF/IID on the day immediately preceding the effective date of the change of operator, and the entering operator has a valid Medicaid provider agreement for the ICF/IID during fiscal year 2023. 459
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(iii) The ICF/IID is a new ICF/IID for which the provider obtains an initial provider agreement during fiscal year 2023. 465
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(2) Notwithstanding Chapter 5124. of the Revised Code, the Department of Developmental Disabilities shall follow this section in determining the rate to be paid for ICF/IID services provided during fiscal years 2022 and 2023 by ICFs/IID subject to this section. 467
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(C) (1) For fiscal year 2022, the Department shall pay the following rates for ICF/IID services: 472
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(a) For each ICF/IID described in division (B) (1) (a) (i) of this section, the total per Medicaid day rate in effect for the ICF/IID on June 30, 2021, increased by two per cent; 474
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(b) For each ICF/IID described in division (B) (1) (a) (ii) 477

of this section, the total per Medicaid day rate in effect for 478
the ICF/IID on the day immediately preceding the effective date 479
of the change of operator; 480

(c) For each ICF/IID described in division (B)(1)(a)(iii) 481
of this section, a total per Medicaid day rate of \$357.89. 482

~~(2) If the mean total per Medicaid day rate for all 483
ICFs/IID to which the section applies, as determined under 484
division (B)(1)(b) of this section, as of July 1, 2022, and 485
weighted by May Medicaid days from calendar year 2022, is 486
greater than \$365.05, the Department shall adjust, for fiscal 487
year 2023, the total per Medicaid day rate for each ICF/IID to 488
which this section applies by the percentage by which the mean 489
total per Medicaid day rate is greater than \$365.05. For fiscal 490
year 2023, the Department shall pay each ICF/IID a rate as 491
determined under Chapter 5124. of the Revised Code. 492~~

(D) If the United States Centers for Medicare and Medicaid 493
Services requires that the franchise permit fee be reduced or 494
eliminated, the Department shall reduce the amount it pays 495
ICF/IID providers under this section as necessary to reflect the 496
loss to the state of the revenue and federal financial 497
participation generated from the franchise permit fee. 498

(E) Of the foregoing appropriation items 653407, Medicaid 499
Services, 653606, ICF/IID and Waiver Match, and 653654, Medicaid 500
Services, portions shall be used to pay the Medicaid payment 501
rates determined in accordance with this section for ICF/IID 502
services provided during fiscal years 2022 and 2023. 503

(F) For fiscal year 2023, of the foregoing appropriation 504
item 653654, Medicaid Services, due to the continuation of the 505
enhanced federal medical assistance percentage enacted in 506

Section 6008 of the "Families First Coronavirus Response Act," 507
Pub. L. No. 116-127, portions shall be used to pay the Medicaid 508
payment rates determined in accordance with this section for 509
ICF/IID services provided during fiscal year 2023. 510

Section 7. That existing Section 261.150 of H.B. 110 of 511
the 134th General Assembly is hereby repealed. 512

Section 8. The Director of Health may begin implementing 513
Chapter 3724. of the Revised Code, including issuing 514
registrations, prior to adopting rules under section 3724.13 of 515
the Revised Code. 516

Section 9. Notwithstanding division (A) of section 517
3702.523 and division (B) of section 3702.524 of the Revised 518
Code, or any other conflicting provision in sections 3702.51 to 519
3702.62 of the Revised Code, all of the following apply in the 520
case of a certificate of need granted during the period 521
beginning March 9, 2020, and ending June 18, 2021: 522

(A) The Director of Health shall grant the holder of a 523
certificate of need a twenty-four-month extension to obligate 524
capital expenditures for the proposed project. The extension 525
shall be effective during the twenty-four-month period 526
immediately following the expiration date of the twenty-four- 527
month period that otherwise would apply, as described in 528
division (A) of section 3702.524 of the Revised Code. The 529
Director shall notify the holder of the certificate of need of 530
the date on which the twenty-four-month extension expires. 531

(B) (1) Subject to division (B) (2) of this section, the 532
owner of an entity for which a certificate of need was granted 533
may sell its ownership in the entity without voiding the 534
certificate of need held by the owner. 535

(2) In the event of a sale as described in division (B) (1)	536
of this section, the Director shall transfer the certificate of	537
need to the new owner, unless granting a certificate of need to	538
the new owner would cause any of the circumstances specified in	539
division (B) of section 3702.59 of the Revised Code to occur.	540