As Reported by the Senate Finance Committee

135th General Assembly

Regular Session

Sub. H. B. No. 7

2023-2024

Representatives White, Humphrey

Cosponsors: Representatives Liston, McNally, Abdullahi, Abrams, Baker, Brennan, Brent, Brewer, Brown, Callender, Dell'Aquila, Denson, Dobos, Edwards, Forhan, Grim, Isaacsohn, Jarrells, Jones, Manning, Mathews, Miller, A., Miller, J., Miller, M., Mohamed, Oelslager, Patton, Piccolantonio, Robinson, Russo, Seitz, Sims, Skindell, Thomas, C., Troy, Upchurch, Weinstein, Whitted, Williams, Young, T., Speaker Stephens

A BILL

To amend sections 5101.342, 5180.21, and 5180.22	1
and to enact sections 5104.291 and 5180.40 of	2
the Revised Code regarding services for infants,	3
children, and parents.	4

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

Section 1. That sections 5101.342, 5180.21, and 5180.22 be	5
amended and sections 5104.291 and 5180.40 of the Revised Code be	6
enacted to read as follows:	7
Sec. 5101.342. The Ohio commission on fatherhood shall do	8
both of the following:	9
(A) Organize a state summit on fatherhood every four	10
years;	11
(B) Prepare a report each year that does the following:	12
(1) Identifies resources available to fund fatherhood-	13

related programs and explores the creation of initiatives to do	
the following:	15
(a) Build the parenting skills of fathers;	16
(b) Provide employment-related services for low-income,	17
noncustodial fathers;	18
(c) Prevent premature fatherhood;	19
(d) Provide services to fathers who are inmates in or have	20
just been released from imprisonment in a state correctional	21
institution, as defined in section 2967.01 of the Revised Code,	22
or in any other detention facility, as defined in section	23
2921.01 of the Revised Code, so that they are able to maintain	24
or reestablish their relationships with their families;	25
(e) Reconcile fathers with their families;	26
(f) Increase public awareness of the critical role fathers	27
play.	28
(2) Describes the commission's expectations for the	29
outcomes of fatherhood-related programs and initiatives and the	30
methods the commission uses for conducting annual measures of	31
those outcomes <u>;</u>	32
(3) Evaluates the number of fathers and children served	33
and the number and types of additional services provided as a	34
result of the recommendations made to the director of job and	35
family services pursuant to section 5101.805 of the Revised	36
<u>Code</u> .	37
The commission shall submit each report to the general	38
assembly in accordance with section 101.68 of the Revised Code.	39
(C) Pursuant to section 5101.805 of the Revised Code, the	40

commission may make recommendations to the director of job and 41 family services regarding funding, approval, and implementation 42 of fatherhood programs in this state that meet at least one of 43 the four purposes of the temporary assistance for needy families 44 block grant, as specified in 42 U.S.C. 601. 45 (D) The portion of the report prepared pursuant to 46 division (B)(2) of this section shall be prepared by the 47 commission in collaboration with the director of children and 48 vouth. 49 (E) The commission shall submit each report prepared 50 pursuant to division (B) of this section to the president and 51 minority leader of the senate, speaker and minority leader of 52 the house of representatives, governor, and chief justice of the 53 supreme court. The first report is due not later than one year 54 after the last of the initial appointments to the commission is 55 made under section 5101.341 of the Revised Code. 56 Sec. 5104.291. (A) This section establishes standards and 57 conditions for rating the following early learning and 58 development programs in the step up to quality program: 59 60 (1) A licensed child care center operating a head start or early head start program; 61 (2) A licensed child care center accredited by the 62 national association for the education of young children, or its 63 successor organization; 64 (3) A licensed type A or type B family child care home 65 under contract to provide head start or early head start 66 services; 67

(4) A licensed type A or type B family child care home68accredited by the national association for the education of69

young children, or its successor organization.	70
(B)(1) On a periodic basis, the department of children and	71
youth shall do both of the following:	72
(a) Review head start program performance standards	73
described in 45 C.F.R. Part 1302 and determine which step up to	74
quality program ratings tier corresponds with minimum head start	75
program performance standards;	76
(b) Review accreditation standards for the national	77
association for the education of young children, or its	78
successor organization, and determine which step up to quality	79
program ratings tier corresponds with minimum accreditation	80
standards.	81
(2) Beginning July 1, 2025, the department shall rate each	82
program described in divisions (A)(1) to (4) of this section in	83
the step up to quality program ratings tier that the department	84
has determined corresponds with the minimum standards.	85
(C) The department shall prescribe the manner in which a	86
program shall demonstrate to the department that the program is	
meeting the requirements of this section.	88
Sec. 5180.21. (A) The department of children and youth	89
shall establish the help me grow program as the state's	90
evidence-based parent support program that encourages early	91
prenatal and well-baby care, as well as provides parenting	92
education to promote the comprehensive health and development of	93
children. The program shall provide home visiting services to	94
families with a pregnant woman or child under five years of age	95
that meet the eligibility requirements established in rules	96
adopted under this section. Home visiting services shall be	97
provided through evidence-based home visiting models or	98

Page 4

innovative, promising home visiting models recommended by the 99
Ohio home visiting consortium created under section 5180.23 of 100
the Revised Code. 101

(B) Families shall be referred to the appropriate home
visiting services through the central intake and referral system
103
created under section 5180.22 of the Revised Code.
104

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

(D) The director of children and youth may shall enter 111 into an interagency agreement with one or more state agencies, 112 including the department of developmental disabilities, 113 department of job and family services, department of medicaid, 114 commission on minority health, Ohio fatherhood commission, and 115 children's trust fund board, to implement the help me grow 116 program-and, to ensure coordination of early childhood 117 programs, and to maximize reimbursement for the help me grow 118 119 program from any federal source.

In addition to creating the central intake and referral 120 system as described in section 5180.22 of the Revised Code, the 121 department of children and youth shall ensure there is a 122 consistent comprehensive screening and connection program to 123 support the coordination of home visiting services across the 124 state, including through the department of health, department of 125 developmental disabilities, department of job and family 126 services, department of medicaid, and commission on minority 127 health. Following the program's establishment, the department of 128

children and youth shall evaluate the program's effectiveness in	129
coordinating home visiting services at least once annually.	130
(E) The director may distribute help me grow program funds	131
through contracts, grants, or subsidies to entities providing	132
services under the program.	133
(F) As a condition of receiving payments for home visiting	134
services, providers shall report to the director data on the	135
program performance indicators, specified in rules adopted under	136
division (G) of this section, that are used to assess progress	137
toward achieving all of the following:	138
(1) The benchmark domains established for the federal home	139
visiting program, including improvement in maternal and newborn	140
health; reduction in child injuries, abuse, and neglect;	141
improved school readiness and achievement; reduction in crime	142
and domestic violence; and improved family economic self-	143
sufficiency;	144
(2) Improvement in birth outcomes and reduction in	145
stillbirths, as that term is defined in section 5180.12 of the	146
Revised Code;	147
(3) Reduction in tobacco use by pregnant women, new	148
parents, and others living in households with children.	149
The providers shall report the data in the format and	150
within the time frames specified in the rules.	151
The director shall prepare an annual report on the data	152
received from the providers. <u>Each report shall include an</u>	153
evaluation addressing the number of families and children	154
served, the number and type of services provided, health and	155
developmental outcomes for participating families and children,	156
and variation in outcomes between the types of home visiting	157

Page 6

programs specified in division (B)(3) of section 5180.22 of the	158
Revised Code. The director shall submit the report to the	159
general assembly in accordance with section 101.68 of the	160
Revised Code and make the report available on the internet web	161
site maintained by the department of children and youth.	162
(G) Pursuant to Chapter 119. of the Revised Code, the	163
director shall adopt rules that are necessary and proper to	164
implement this section. The rules shall specify all of the	165
following:	166
(1) Subject to division (H) of this section, eligibility	167
requirements for home visiting services;	168
(2) Eligibility requirements for providers of home	169
visiting services;	170
(3) Standards and procedures for the provision of program	171
services, including data collection, program monitoring, and	172
program evaluation;	173
(4) Procedures for appealing the denial of an application	174
for program services or the termination of services;	175
(5) Procedures for appealing the denial of an application	176
to become a provider of program services or the termination of	177
the department's approval of a provider;	178
(6) Procedures for addressing complaints;	179
(7) The program performance indicators on which data must	180
be reported by providers of home visiting services under	181
division (F) of this section, which, to the extent possible,	182
shall be consistent with federal reporting requirements for	183
federally funded home visiting services;	184
(9) The format is which reports must be submitted under	105

(8) The format in which reports must be submitted under 185

division (F) of this section and the time frames within which	186
the reports must be submitted;	187
(9) Criteria for payment of approved providers of program	188
services;	189
(10) Any other rules necessary to implement the program.	190
(H) When adopting rules required by division (G)(1) of	191
this section, the department director shall specify that	192
families residing in the urban and rural communities specified	193
in rules adopted under section 3701.142 of the Revised Code <u>and</u>	194
families in the child welfare system are to receive priority	195
over other families for home visiting services.	196
(I) The department, in collaboration with the departments	197
of job and family services and medicaid, shall propose	198
strategies to increase the workforce capacity of home visiting	199
service providers and parenting support professionals, including	200
efforts to incentivize and retain such providers and	201
professionals in this state.	202
Sec. 5180.22. (A) The department of children and youth	203
shall create a central intake and referral system for all home	204
visiting programs operating in this state. Through a competitive	205
bidding process, the department of children and youth may select	206
one or more persons or government entities to operate the	207
system. In its oversight of the one or more system operators,	208
the department shall streamline the system to ensure families	209
and children receive services from home visiting programs as	210
described in division (B)(3) of this section.	211
(B) If the department of children and youth chooses to	212
select one or more system operators as described in division (A)	213
of this section, a contract with any system operator shall	214

require that the system do both all of the following:	215
(1) Serve as a single point of entry for access,	216
assessment, and referral of families and children to appropriate	217
home visiting services based on each family's location of	218
residence;	219
(2) Use a standardized form or other mechanism to assess	220
for each family member's risk factors and social determinants of	221
health , as well as ensure <u>;</u>	222
(3) Ensure that the family is families and children are	223
referred to the appropriate <u>and receive services</u> from home	224
visiting program, which may include a program that uses programs	225
that are appropriate to their level of needs, including the	226
following:	227
<u>(a) Programs using home visiting contractors who that</u>	228
provide services within a <u>pathways</u> community HUB that fully or	229
substantially complies with the pathways community HUB-	230
certification standards developed certified by the pathways	
community HUB institute <u>;</u>	232
(b) Programs that provide services using the early head	233
start home-based option.	234
(C) The standardized form or other mechanism described in	235
division (B)(2) of this section shall be agreed to by the home	236
visiting consortium created under section 5180.23 of the Revised	237
Code.	238
(D) A contract entered into under division (B) of this	239
section shall require a system operator to issue an annual	240
report to the department of children and youth that includes	241
data regarding referrals made by the central intake and referral	242
system, costs associated with the referrals, and the quality of	243

services received by families <u>and children</u> who were referred to 244 services through the system. The report shall be distributed to 245 the home visiting consortium created under section 5180.23 of 246 the Revised Code. 247

(E) Nothing in this section is intended to do any of the following:

(1) Prohibit the department of children and youth from
using alternative promotional materials or names for the central
251
intake and referral system;
252

(2) Require the use of help me grow program promotional253materials or names;254

(3) Prohibit providers, central coordinators, the department of children and youth, or stakeholders from using the help me grow name for promotional materials for home visiting.

Sec. 5180.40. To increase participation in evidence-based258parenting education programs, the department of children and259youth shall ensure state departments, agencies, and boards have260information to communicate with parents, caregivers, and child261care providers about such programs to promote their benefits,262including their parenting, caregiving, and educational263resources.264

Section 2. That existing sections 5101.342, 5180.21, and 265 5180.22 of the Revised Code are hereby repealed. 266

Section 3. (A) As used in this section, "WIC" means the267Special Supplemental Nutrition Program for Women, Infants, and268Children established under the "Child Nutrition Act of 1966," 42269U.S.C. 1786.270

(B) The Department of Health shall investigate and

248

249

255

256

257

271

determine the services and tools available at the federal level272and the services and tools implemented in other states that273could be implemented in Ohio to increase access to and use of274WIC.275

(C) Within sixty days of the effective date of this 276 section, the Department of Health shall submit a report to the 277 General Assembly in accordance with section 101.68 of the 278 Revised Code summarizing the results of the investigation 279 described in division (B) of this section and establishing a 280 plan to increase access to and use of WIC. 281

(D) Beginning three months after the effective date of
282
this section and continuing until two years after the effective
283
date of this section, the Department of Health shall submit
284
quarterly reports to the General Assembly in accordance with
285
section 101.68 of the Revised Code detailing progress on
286
implementing the plan described in division (C), including:

(1) Expenditures;288(2) Changes made to the WIC program;289(3) The total number of women and children served;290(4) Any other relevant outcomes;291

(5) Opportunities to further increase the number of women and children served.

Section 4. The Department of Medicaid shall study how294evidence-based peer-to-peer programming that supports infant295vitality can be reimbursed through the Medicaid program. The296Department shall submit a report summarizing the results of the297study to the General Assembly in accordance with section 101.68298of the Revised Code one year after the effective date of this299

292 293

Page 12

section.

300

312

313

314

315

316

317

318

Section 5. (A) Not later than June 30, 2026, the Medicaid	301
Director shall evaluate, clarify, and update the Medicaid	302
program's coverage of evidence-based and evidence-informed	303
mental health and dyadic family therapy services for children	304
and their caregivers, which are intended to improve outcomes for	305
children from birth through five years of age.	306

The Director shall develop policy and billing guidance for307Medicaid providers to do both of the following:308

(1) Improve the use of mental health and dyadic family
309
therapy services for children from birth through age five and
310
their families and other caregivers;
311

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

(B) Not later than June 30, 2027, the Medicaid Director
shall submit a report to the Governor and, in accordance with
section 101.68 of the Revised Code, the General Assembly that
includes both of the following:
322

(1) Information about how the Department of Medicaid has
engaged stakeholders to develop the necessary guidance, manuals,
training, and billing code use procedures associated with the
Medicaid coverage described under division (A) of this section;
323

(2) An evaluation of the Medicaid coverage described indivision (A) of this section, including:328

(a)	The number of families and children served;	329
(b)	The number and types of services provided;	330
(c)	Outcome metrics for families and children served.	331