

As Passed by the House

134th General Assembly

Regular Session

2021-2022

Sub. H. B. No. 572

Representatives Ginter, Carruthers

Cosponsors: Representatives Seitz, Carfagna, Johnson, Troy, Young, T., Click, Lanese, Gross, Denson, Grendell, Addison, Blackshear, Brown, Davis, Fraizer, Galonski, Hoops, Humphrey, Jarrells, John, Lepore-Hagan, Lightbody, Liston, Miller, J., O'Brien, Patton, Pavliga, Roemer, Rogers, Sobecki, Stephens, West, Speaker Cupp

A BILL

To enact sections 173.57 and 5166.45 of the Revised Code to require the Departments of Aging and Medicaid to establish programs to provide payment to residential care facilities that have residents who are Assisted Living waiver recipients.

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

Section 1. That sections 173.57 and 5166.45 of the Revised Code be enacted to read as follows:

Sec. 173.57. (A) As used in this section, "residential care facility" has the same meaning as in section 3721.01 of the Revised Code.

(B) Unless the medicaid-funded component of the assisted living program is terminated pursuant to division (C) of section 173.54 of the Revised Code, the director of aging shall establish a program under the medicaid-funded component of the

assisted living program to provide payment to residential care 16
facilities that meet the requirements for participation in the 17
medicaid-funded component of the assisted living program 18
established by rules adopted under section 173.54 of the Revised 19
Code. 20

(C) The director shall establish residential care facility 21
payment rates under the program that are consistent with the 22
payment rates specified under division (C) and any additional 23
payment rates established pursuant to division (D) of section 24
5166.45 of the Revised Code. 25

(D) Not later than ninety days after the effective date of 26
this section, the director shall adopt rules under section 27
173.54 of the Revised Code to establish and implement the 28
program. The rules shall be consistent with the rules adopted by 29
the medicaid director under section 5166.45 of the Revised Code. 30

Sec. 5166.45. (A) As used in this section: 31

(1) "Nursing facility" has the same meaning as in section 32
5165.01 of the Revised Code. 33

(2) "Per medicaid day payment rate" means a nursing 34
facility's payment rate determined by the department of medicaid 35
under section 5165.15 of the Revised Code. 36

(3) "Residential care facility" has the same meaning as in 37
section 3721.01 of the Revised Code. 38

(B) The medicaid director shall establish a program to 39
provide payment to residential care facilities that meet the 40
requirements for participation in the medicaid-funded component 41
of the assisted living waiver established by rules adopted under 42
section 173.54 of the Revised Code. 43

(C) The director shall establish payment rates under the 44
program as follows for residential care facilities that are 45
reimbursed under service tier reimbursement rate III in the 46
medicaid-funded component of the assisted living waiver: 47

(1) For residential care facilities in which at least 48
fifteen per cent but fewer than thirty per cent of residents 49
participate in the medicaid-funded component of the assisted 50
living waiver, a payment rate that equals thirty-five per cent 51
of the average per medicaid day payment rate for all nursing 52
facilities in this state; 53

(2) For residential care facilities in which at least 54
thirty per cent but fewer than fifty per cent of residents 55
participate in the medicaid-funded component of the assisted 56
living waiver, a payment rate that equals forty per cent of the 57
average per medicaid day payment rate for all nursing facilities 58
in this state; 59

(3) For residential care facilities in which at least 60
fifty per cent but fewer than seventy per cent of residents 61
participate in the medicaid-funded component of the assisted 62
living waiver, a payment rate that equals fifty per cent of the 63
average per medicaid day payment rate for all nursing facilities 64
in this state; 65

(4) For residential care facilities in which at least 66
seventy per cent of residents participate in the medicaid-funded 67
component of the assisted living waiver, a payment rate that 68
equals sixty per cent of the average per medicaid day payment 69
rate for all nursing facilities in this state. 70

(D) The director may establish a payment rate for 71
residential care facilities not described in division (C) of 72

this section. 73

(E) Not later than ninety days after the effective date of 74

this section, and in consultation with the director of aging, 75

the medicaid director shall adopt rules under section 5166.02 of 76

the Revised Code to establish and implement the program. 77