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Substitute Bill Comparative Synopsis

Sub. H.B. 461

134th General Assembly

House Economic and Workforce Development

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This table summarizes how the latest substitute version of the bill differs from the immediately preceding version. It addresses only the topics on which the two versions differ substantively. It does not list topics on which the two bills are substantively the same.

Previous Version (As Introduced)	Latest Version (I_134_1999-2)
American Rescue Plan Act funds	
Appropriates \$300 million in federal funds from the State Fiscal Recovery Fund, authorized under the American Rescue Plan Act of 2021, to be used to provide a one-time payment to Ohio nursing facilities (<i>Sections 1 and 2</i>).	No provision.
Specifies how a nursing facility's payment amount is to be calculated (<i>Section 2</i>).	No provision.

Previous Version (As Introduced)	Latest Version (I_134_1999-2)
Requires the payments to be made by December 31, 2021, to the nursing facility provider on record as of October 1, 2021 (<i>Section 2(D)</i>).	No provision.
Nursing facility private room per day rate	
No provision.	Adds to a nursing facility's Medicaid day payment rate a private room per day rate, if the facility provides services to a Medicaid recipient in a private room beginning on or after July 1, 2022 (<i>R.C. 5165.15</i>).
Rate calculation	
No provision.	Specifies that a facility's private room per day rate is \$25 for FY 23, and requires the Department of Medicaid (ODM) to determine the private room per day rate for subsequent fiscal years (<i>R.C. 5165.27(B)</i>).
No provision.	Prohibits a nursing facility provider from billing ODM for more private room days in a fiscal year than the facility's private room capacity in that fiscal year, and permits ODM to recoup any such excess payments (<i>R.C. 5165.27(D)</i>).
Private room capacity	
No provision.	Requires ODM to calculate the initial private room capacity for each nursing facility within 60 days after the bill's effective date, or the date a new nursing facility is certified by the U.S. Centers for Medicare and Medicaid Services (CMS) (<i>R.C. 5165.27(E)</i>).
No provision.	Requires a nursing facility to notify ODM if it removes beds licensed by the Department of Health or surrenders beds certified by CMS (<i>R.C. 5165.27(E)</i>).

Previous Version (As Introduced)	Latest Version (I_134_1999-2)
No provision.	After receiving such a notice, requires ODM to verify the information, adjust the facility's private room capacity, and amend the facility's Medicaid provider agreement (<i>R.C. 5165.27(E)</i>).
No provision.	Specifies that in such a case, a facility's adjusted private room capacity will begin on the later of the date the beds were removed or surrendered or the date ODM received notice from the facility (<i>R.C. 5165.27(E)</i>).