As Reported by the House Families and Aging Committee

135th General Assembly
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Representatives White, Humphrey
Cosponsors: Representatives Liston, McNally

A BILL

To amend sections 3125.18, 3701.61, 3701.611, 5101.342, 5101.35, 5101.80, 5101.801, 5123.0421, 5123.33, 5153.16, 5162.13, and 5162.131 and to enact sections 4723.89, 4723.90, 5101.805, 5101.91, 5104.291, 5120.658, 5164.071, and 5166.45 of the Revised Code to support strong foundations for Ohio mothers and babies in their first one thousand days to address maternal and infant mortality, to improve health, developmental, and learning outcomes for babies and mothers through expanded prenatal, postnatal, infant, and toddler health care and early intervention and wraparound services and supports; to name this act the Strong Foundations Act; and to make appropriations.

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

Section 1. That sections 3125.18, 3701.61, 3701.611, 5101.342, 5101.35, 5101.80, 5101.801, 5123.0421, 5123.33, 5153.16, 5162.13, and 5162.131 be amended and sections 4723.89, 4723.90, 5101.805, 5101.91, 5104.291, 5120.658, 5164.071, and

5166.45 of the Revised Code be enacted to read as follows:

Sec. 3125.18. A child support enforcement agency shall administer a Title IV-A program identified under division (A)(4)(c) or ~~(g)~~ (h) of section 5101.80 of the Revised Code that the department of job and family services provides for the agency to administer under the department's supervision pursuant to section 5101.801 of the Revised Code.

Sec. 3701.61. (A) The department of health shall establish the help me grow program as the state's evidence-based parent support program that encourages early prenatal and well-baby care, as well as provides parenting education to promote the comprehensive health and development of children. The program shall provide home visiting services to families with a pregnant woman or child under five years of age that meet the eligibility requirements established in rules adopted under this section. Home visiting services shall be provided through evidence-based home visiting models or innovative, promising home visiting models recommended by the Ohio home visiting consortium created under section 3701.612 of the Revised Code.

(B) Families shall be referred to the appropriate home visiting services through the central intake and referral system created under section 3701.611 of the Revised Code.

(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 health ~~may~~ shall enter into an

interagency agreement with one or more state agencies, including the department of developmental disabilities, department of job and family services, department of medicaid, commission on minority health, Ohio fatherhood commission, and children's trust fund board, to implement the help me grow program ~~and~~ , to ensure coordination of early childhood programs, and to maximize reimbursement for the help me grow program from any federal source.

In addition to creating the central intake and referral system as described in section 3701.611 of the Revised Code, the department of health shall establish a comprehensive screening and connection program to support the coordination of home visiting services across the state, including through the department of health, department of developmental disabilities, department of job and family services, department of medicaid, commission on minority health, Ohio fatherhood commission, and children's trust fund board. Following the program's establishment, the department of health shall evaluate on a regular basis the program's effectiveness in coordinating home visiting services.

(E) The director may distribute help me grow program funds through contracts, grants, or subsidies to entities providing services under the program.

(F) As a condition of receiving payments for home visiting services, providers shall report to the director data on the program performance indicators, specified in rules adopted under division (G) of this section, that are used to assess progress toward achieving all of the following:

(1) The benchmark domains established for the federal home visiting program, including improvement in maternal and newborn

health; reduction in child injuries, abuse, and neglect; improved school readiness and achievement; reduction in crime and domestic violence; and improved family economic self-sufficiency;

(2) Improvement in birth outcomes and reduction in stillbirths, as that term is defined in section 3701.97 of the Revised Code;

(3) Reduction in tobacco use by pregnant women, new parents, and others living in households with children.

The providers shall report the data in the format and within the time frames specified in the rules.

The director shall prepare an annual report on the data received from the providers. Each report shall include an evaluation addressing the number of families and children served, the number and type of services provided, and health and developmental outcomes for participating families and children. The director shall submit the report to the general assembly in accordance with section 101.68 of the Revised Code and make the report available on the internet web site maintained by the department of health.

(G) Pursuant to Chapter 119. of the Revised Code, the director shall adopt rules that are necessary and proper to implement this section. The rules shall specify all of the following:

(1) Subject to division (H) of this section, eligibility requirements for home visiting services;

(2) ~~Eligibility~~ Subject to division (H) of this section, eligibility requirements for providers of home visiting services;

(3) ~~Standards~~ Subject to division (H) of this section, standards and procedures for the provision of program services, including data collection, program monitoring, and program evaluation;

(4) Procedures for appealing the denial of an application for program services or the termination of services;

(5) Procedures for appealing the denial of an application to become a provider of program services or the termination of the department's approval of a provider;

(6) Procedures for addressing complaints;

(7) The program performance indicators on which data must be reported by providers of home visiting services under division (F) of this section, which, to the extent possible, shall be consistent with federal reporting requirements for federally funded home visiting services;

(8) The format in which reports must be submitted under division (F) of this section and the time frames within which the reports must be submitted;

(9) Criteria for payment of approved providers of program services;

(10) Any other rules necessary to implement the program.

(H)(1) When adopting rules required by division (G)(1) of this section, the ~~department~~ director shall specify that families residing in the urban and rural communities specified in rules adopted under section 3701.142 of the Revised Code and families at risk of being in, or engaged with, the child welfare system are to receive priority over other families for home visiting services.

(2) When adopting rules required by division (G)(2) of this section, the director shall specify as eligible providers of home visiting services entities that demonstrate the use of evidence-based home visiting models.

(3) When adopting rules required by division (G)(3) of this section, the director may allow the provision of home visiting services to be supplemented by services available online or through other electronic means.

(I)(1) For the providers described in division (H)(2) of this section and if approved, the online services described in division (H)(3) of this section, the department shall evaluate on a regular basis their effectiveness in serving pregnant women, infants, and toddlers, especially those at risk of being in, or engaged with, the child welfare system. As part of each evaluation, the department shall identify the challenges to participation in the help me grow program that families in rural and Appalachian communities experience and recommend strategies to improve their participation.

(2) The department shall include in the annual report required by division (F) of this section an analysis of the impact of the providers and online services described in divisions (H)(2) and (3) of this section.

(J) The department, in collaboration with the departments of job and family services and medicaid, shall develop strategies to increase the workforce capacity of home visiting service providers and parenting support professionals, including efforts to incentivize and retain such providers and professionals in this state.

Sec. 3701.611. (A) The department of health shall create a

central intake and referral system for all home visiting programs operating in this state. Through a competitive bidding process, the department of health may select one or more persons or government entities to operate the system. In its oversight of the one or more system operators, the department shall streamline the system to ensure families and children receive services from home visiting programs as described in division (B)(3) of this section.

(B) If the department of health chooses to select one or more system operators as described in division (A) of this section, a contract with any system operator shall require that the system do ~~both~~ all of the following:

(1) Serve as a single point of entry for access, assessment, and referral of families and children to appropriate home visiting services based on each family's location of residence;

(2) Use a standardized form or other mechanism to assess ~~for~~ each family member's risk factors and social determinants of health~~, as well as ensure~~ ;

(3) Ensure that ~~the family is~~ families and children are referred to ~~the appropriate~~ and receive services from home visiting ~~program, which may include a program that uses~~ programs using evidence-based or evidence-informed models and that are appropriate to their level of needs, including the following:

(a) Programs using home visiting contractors ~~who~~ that provide services within a pathways community HUB ~~that fully or substantially complies with the pathways community HUB certification standards developed~~ certified by the pathways community HUB institute;

(b) Programs that provide services using the early head start home-based option;

(c) Programs that provide services using other available evidence-based or evidence-informed home visiting models or strategies, including those supported by the state and specified by the department.

(C) The standardized form or other mechanism described in division (B)(2) of this section shall be agreed to by the home visiting consortium created under section 3701.612 of the Revised Code.

(D) A contract entered into under division (B) of this section shall require a system operator to issue an annual report to the department of health that includes data regarding referrals made by the central intake and referral system, costs associated with the referrals, and the quality of services received by families and children who were referred to services through the system. The report shall be distributed to the home visiting consortium created under section 3701.612 of the Revised Code.

(E) After referring a family to a home visiting services provider, the system operator shall notify the director of health of the referral. As soon as practicable after receiving notice of the referral, the director shall request, as described in division (D)(2)(d) of section 3301.0714 of the Revised Code, the independent contractor engaged to create and maintain student data verification codes under section 3301.0723 of the Revised Code to assign a data verification code to the referred family's child. The director may use the code to evaluate the effectiveness of home visiting services received by the family's child and any outcomes for the child.

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

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

(2) Require the use of help me grow program promotional materials or names;

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

Sec. 4723.89. (A) As used in this section:

(1) "Doula" means a trained, nonmedical professional who advocates for, and provides continuous physical, emotional, and informational support to, a pregnant woman through the delivery of a child and immediately after the delivery including during any of the following periods:

(a) The antepartum period;

(b) The intrapartum period;

(c) The postpartum period.

(2) "Doula certification organization" means organizations that are recognized, at an international, national, state, or local level, for training and certifying doulas.

(B) Beginning on the date that occurs one year after the effective date of this section, a person shall not use or assume the title "certified doula" unless the person holds a certificate issued under this section by the board of nursing.

(C) The board of nursing shall seek and consider the

opinion of the doula advisory board established in section 4723.90 of the Revised Code when an individual is seeking to be eligible for medicaid reimbursement as a certified doula.

(D) The board of nursing shall adopt rules in accordance with Chapter 119. of the Revised Code establishing standards and procedures for issuing certificates to doulas under this section. The rules shall include all of the following:

(1) Requirements for certification as a doula, including a requirement that a doula either be certified by a doula certification organization or, if not certified, have education and experience considered by the board to be appropriate, as specified in the rules;

(2) Requirements for renewal of a certificate and continuing education;

(3) Requirements for training on racial bias, health disparities, and cultural competency as a condition of initial certification and certificate renewal;

(4) Certificate application and renewal fees, as well as a waiver of those fees for applicants with a family income not exceeding three hundred per cent of the federal poverty line;

(5) Requirements and standards of practice for certified doulas;

(6) The amount of a fine to be imposed under division (F) of this section;

(7) Any other standards or procedures the board considers necessary to implement this section.

(E) The board of nursing shall develop and regularly update a registry of doulas who hold certificates issued under

this section. The registry shall be made available to the public on a web site maintained by the board.

(F) In an adjudication under Chapter 119. of the Revised Code, the board of nursing may impose a fine against any person who violates division (B) of this section. On request of the board, the attorney general shall bring and prosecute to judgment a civil action to collect any fine imposed under this division that remains unpaid.

Sec. 4723.90. (A) There is hereby established within the board of nursing the doula advisory board.

(B)(1) The advisory board shall consist of the following sixteen members:

(a) The following members appointed by the board of nursing:

(i) Three members representing communities most impacted by negative maternal and infant health outcomes;

(ii) Five members who are doulas with current, valid certification from a doula certification organization;

(iii) Two members who are public health officials, physicians, nurses, or social workers;

(iv) Two members who are consumers;

(v) Two members representing a doula certification program or organization established in Ohio.

(b) One member representing the commission on minority health appointed by the executive director of the commission on minority health;

(c) One member representing the department of health

appointed by the director of health.

(2) Both of the following apply to the board of nursing in appointing members to the advisory board:

(a) A good faith effort shall be made to select members who represent counties with higher rates of infant and maternal mortality, particularly those counties with the largest disparities.

(b) Priority shall be given to individuals with direct service experience providing care to infants and pregnant and postpartum women.

(C) The advisory board, by a majority vote of a quorum of its members, shall select an individual to serve as its chairperson. The advisory board may replace a chairperson in the same manner.

(D) Of the initial appointments to the advisory board made pursuant to division (B)(1)(a) of this section, half shall be appointed to a term of one year and half shall be appointed to a term of two years. Thereafter, all terms shall be two years.

(E) The board of nursing, the executive director of the commission on minority health, and the director of health shall fill a vacancy as soon as practicable.

Members may be reappointed for an unlimited number of terms.

(F) The advisory board shall meet at the call of the advisory board's chairperson as often as the chairperson determines necessary for timely completion of the board's duties as described in this section.

(G) The board of nursing shall provide meeting space,

virtual meeting technology, staff services, and other technical assistance required by the advisory board in carrying out its duties.

(H) The advisory board shall do all of the following:

(1) Provide general advice, guidance, and recommendations to the board of nursing regarding doula certification and the adoption of rules under divisions (D)(3) and (5) of section 4723.89 of the Revised Code;

(2) Advise the board of nursing regarding individuals seeking to be eligible for medicaid reimbursement as certified doulas;

(3) Provide general advice, guidance, and recommendations to the department of medicaid regarding the medicaid coverage of doula services required under section 5164.071 of the Revised Code;

(4) Beginning two years after the effective date of this section and annually thereafter, submit a report to the general assembly in accordance with section 101.68 of the Revised Code including the following information regarding the doula services provided pursuant to sections 5120.658 and 5164.071 of the Revised Code:

(a) The number of pregnant women and infants served;

(b) The number and types of doula services provided;

(c) Outcome metrics, including maternal and infant health outcomes.

Sec. 5101.342. The Ohio commission on fatherhood shall do both of the following:

(A) Organize a state summit on fatherhood every four years;

(B) Prepare a report each year that does the following:

(1) Identifies resources available to fund fatherhood-related programs and explores the creation of initiatives to do the following:

(a) Build the parenting skills of fathers;

(b) Provide employment-related services for low-income, noncustodial fathers;

(c) Prevent premature fatherhood;

(d) Provide services to fathers who are inmates in or have just been released from imprisonment in a state correctional institution, as defined in section 2967.01 of the Revised Code, or in any other detention facility, as defined in section 2921.01 of the Revised Code, so that they are able to maintain or reestablish their relationships with their families;

(e) Reconcile fathers with their families;

(f) Increase public awareness of the critical role fathers play.

(2) Describes the commission's expectations for the outcomes of fatherhood-related programs and initiatives and the methods the commission uses for conducting annual measures of those outcomes;

(3) Evaluates the number of fathers and children served and the number and types of additional services provided as a result of the recommendations made to the director of job and family services pursuant to section 5101.805 of the Revised

Code.

The commission shall submit each report to the general assembly in accordance with section 101.68 of the Revised Code.

(C) Pursuant to section 5101.805 of the Revised Code, the commission may make recommendations to the director of job and family services regarding funding, approval, and implementation of fatherhood programs in this state that meet at least one of the four purposes of the temporary assistance for needy families block grant, as specified in 42 U.S.C. 601.

(D) The portion of the report prepared pursuant to division (B)(2) of this section shall be prepared by the commission in collaboration with the director of job and family services.

~~(D)~~ (E) The commission shall submit each report prepared pursuant to division (B) of this section to the president and minority leader of the senate, speaker and minority leader of the house of representatives, governor, and chief justice of the supreme court. The first report is due not later than one year after the last of the initial appointments to the commission is made under section 5101.341 of the Revised Code.

Sec. 5101.35. (A) As used in this section:

(1)(a) "Agency" means the following entities that administer a family services program:

(i) The department of job and family services;

(ii) A county department of job and family services;

(iii) A public children services agency;

(iv) A private or government entity administering, in

whole or in part, a family services program for or on behalf of the department of job and family services or a county department of job and family services or public children services agency.

(b) If the department of medicaid contracts with the department of job and family services to hear appeals authorized by section 5160.31 of the Revised Code regarding medical assistance programs, "agency" includes the department of medicaid.

(2) "Appellant" means an applicant, participant, former participant, recipient, or former recipient of a family services program who is entitled by federal or state law to a hearing regarding a decision or order of the agency that administers the program.

(3)(a) "Family services program" means all of the following:

(i) A Title IV-A program as defined in section 5101.80 of the Revised Code;

(ii) Programs that provide assistance under Chapter 5104. of the Revised Code;

(iii) Programs that provide assistance under section 5101.141, 5101.461, 5101.54, 5119.41, 5153.163, or 5153.165 of the Revised Code;

(iv) Title XX social services provided under section 5101.46 of the Revised Code, other than such services provided by the department of mental health and addiction services, the department of developmental disabilities, a board of alcohol, drug addiction, and mental health services, or a county board of developmental disabilities.

(b) If the department of medicaid contracts with the department of job and family services to hear appeals authorized by section 5160.31 of the Revised Code regarding medical assistance programs, "family services program" includes medical assistance programs.

(4) "Medical assistance program" has the same meaning as in section 5160.01 of the Revised Code.

(B) Except as provided by divisions (G) and (H) of this section, an appellant who appeals under federal or state law a decision or order of an agency administering a family services program shall, at the appellant's request, be granted a state hearing by the department of job and family services. This state hearing shall be conducted in accordance with rules adopted under this section. The state hearing shall be recorded, but neither the recording nor a transcript of the recording shall be part of the official record of the proceeding. Except as provided in section 5160.31 of the Revised Code, a state hearing decision is binding upon the agency and department, unless it is reversed or modified on appeal to the director of job and family services or a court of common pleas.

(C) Except as provided by division (G) of this section, an appellant who disagrees with a state hearing decision may make an administrative appeal to the director of job and family services in accordance with rules adopted under this section. This administrative appeal does not require a hearing, but the director or the director's designee shall review the state hearing decision and previous administrative action and may affirm, modify, remand, or reverse the state hearing decision. An administrative appeal decision is the final decision of the department and, except as provided in section 5160.31 of the

Revised Code, is binding upon the department and agency, unless it is reversed or modified on appeal to the court of common pleas.

(D) An agency shall comply with a decision issued pursuant to division (B) or (C) of this section within the time limits established by rules adopted under this section. If a county department of job and family services or a public children services agency fails to comply within these time limits, the department may take action pursuant to section 5101.24 of the Revised Code. If another agency, other than the department of medicaid, fails to comply within the time limits, the department may force compliance by withholding funds due the agency or imposing another sanction established by rules adopted under this section.

(E) An appellant who disagrees with an administrative appeal decision of the director of job and family services or the director's designee issued under division (C) of this section may appeal from the decision to the court of common pleas pursuant to section 119.12 of the Revised Code. The appeal shall be governed by section 119.12 of the Revised Code except that:

(1) The person may appeal to the court of common pleas of the county in which the person resides, or to the court of common pleas of Franklin county if the person does not reside in this state.

(2) The person may apply to the court for designation as an indigent and, if the court grants this application, the appellant shall not be required to furnish the costs of the appeal.

(3) The appellant shall mail the notice of appeal to the department of job and family services and file notice of appeal with the court within thirty days after the department mails the administrative appeal decision to the appellant. For good cause shown, the court may extend the time for mailing and filing notice of appeal, but such time shall not exceed six months from the date the department mails the administrative appeal decision. Filing notice of appeal with the court shall be the only act necessary to vest jurisdiction in the court.

(4) The department shall be required to file a transcript of the testimony of the state hearing with the court only if the court orders the department to file the transcript. The court shall make such an order only if it finds that the department and the appellant are unable to stipulate to the facts of the case and that the transcript is essential to a determination of the appeal. The department shall file the transcript not later than thirty days after the day such an order is issued.

(F) The department of job and family services shall adopt rules in accordance with Chapter 119. of the Revised Code to implement this section, including rules governing the following:

(1) State hearings under division (B) of this section. The rules shall include provisions regarding notice of eligibility termination and the opportunity of an appellant appealing a decision or order of a county department of job and family services to request a county conference with the county department before the state hearing is held.

(2) Administrative appeals under division (C) of this section;

(3) Time limits for complying with a decision issued under

division (B) or (C) of this section;

(4) Sanctions that may be applied against an agency under division (D) of this section.

(G) The department of job and family services may adopt rules in accordance with Chapter 119. of the Revised Code establishing an appeals process for an appellant who appeals a decision or order regarding a Title IV-A program identified under division (A)(4)(c), (d), (e), (f), ~~or~~ (g)<u>, or (h)</u> of section 5101.80 of the Revised Code that is different from the appeals process established by this section. The different appeals process may include having a state agency that administers the Title IV-A program pursuant to an interagency agreement entered into under section 5101.801 of the Revised Code administer the appeals process.

(H) If an appellant receiving medicaid through a health insuring corporation that holds a certificate of authority under Chapter 1751. of the Revised Code is appealing a denial of medicaid services based on lack of medical necessity or other clinical issues regarding coverage by the health insuring corporation, the person hearing the appeal may order an independent medical review if that person determines that a review is necessary. The review shall be performed by a health care professional with appropriate clinical expertise in treating the recipient's condition or disease. The department shall pay the costs associated with the review.

A review ordered under this division shall be part of the record of the hearing and shall be given appropriate evidentiary consideration by the person hearing the appeal.

(I) The requirements of Chapter 119. of the Revised Code

apply to a state hearing or administrative appeal under this section only to the extent, if any, specifically provided by rules adopted under this section.

Sec. 5101.80. (A) As used in this section and in section 5101.801 of the Revised Code:

(1) "County family services agency" has the same meaning as in section 307.981 of the Revised Code.

(2) "State agency" has the same meaning as in section 9.82 of the Revised Code.

(3) "Title IV-A administrative agency" means both of the following:

(a) A county family services agency or state agency administering a Title IV-A program under the supervision of the department of job and family services;

(b) A government agency or private, not-for-profit entity administering a project funded in whole or in part with funds provided under the Title IV-A demonstration program created under section 5101.803 of the Revised Code.

(4) "Title IV-A program" means all of the following that are funded in part with funds provided under the temporary assistance for needy families block grant established by Title IV-A of the "Social Security Act," 110 Stat. 2113 (1996), 42 U.S.C. 601, as amended:

(a) The Ohio works first program established under Chapter 5107. of the Revised Code;

(b) The prevention, retention, and contingency program established under Chapter 5108. of the Revised Code;

(c) A program established by the general assembly or an executive order issued by the governor that is administered or supervised by the department of job and family services pursuant to section 5101.801 of the Revised Code;

(d) The kinship permanency incentive program created under section 5101.802 of the Revised Code;

(e) The Title IV-A demonstration program created under section 5101.803 of the Revised Code;

(f) The Ohio parenting and pregnancy program created under section 5101.804 of the Revised Code;

(g) Fatherhood programs recommended by the Ohio commission on fatherhood under section 5101.85 of the Revised Code;

(h) A component of a Title IV-A program identified under divisions (A)(4)(a) to ~~(f)~~ (g) of this section that the Title IV-A state plan prepared under division (C)(1) of this section identifies as a component.

(B) The department of job and family services shall act as the single state agency to administer and supervise the administration of Title IV-A programs. The Title IV-A state plan and amendments to the plan prepared under division (C) of this section are binding on Title IV-A administrative agencies. No Title IV-A administrative agency may establish, by rule or otherwise, a policy governing a Title IV-A program that is inconsistent with a Title IV-A program policy established, in rule or otherwise, by the director of job and family services.

(C) The department of job and family services shall do all of the following:

(1) Prepare and submit to the United States secretary of

health and human services a Title IV-A state plan for Title IV-A programs;

(2) Prepare and submit to the United States secretary of health and human services amendments to the Title IV-A state plan that the department determines necessary, including amendments necessary to implement Title IV-A programs identified in divisions (A)(4)(c) to ~~(g)~~ (h) of this section;

(3) Prescribe forms for applications, certificates, reports, records, and accounts of Title IV-A administrative agencies, and other matters related to Title IV-A programs;

(4) Make such reports, in such form and containing such information as the department may find necessary to assure the correctness and verification of such reports, regarding Title IV-A programs;

(5) Require reports and information from each Title IV-A administrative agency as may be necessary or advisable regarding a Title IV-A program;

(6) Afford a fair hearing in accordance with section 5101.35 of the Revised Code to any applicant for, or participant or former participant of, a Title IV-A program aggrieved by a decision regarding the program;

(7) Administer and expend, pursuant to Chapters 5104., 5107., and 5108. of the Revised Code and sections 5101.801, 5101.802, 5101.803, and 5101.804 of the Revised Code, any sums appropriated by the general assembly for the purpose of those chapters and sections and all sums paid to the state by the secretary of the treasury of the United States as authorized by Title IV-A of the "Social Security Act," 110 Stat. 2113 (1996), 42 U.S.C. 601, as amended;

(8) Conduct investigations and audits as are necessary regarding Title IV-A programs;

(9) Enter into reciprocal agreements with other states relative to the provision of Ohio works first and prevention, retention, and contingency to residents and nonresidents;

(10) Contract with a private entity to conduct an independent on-going evaluation of the Ohio works first program and the prevention, retention, and contingency program. The contract must require the private entity to do all of the following:

(a) Examine issues of process, practice, impact, and outcomes;

(b) Study former participants of Ohio works first who have not participated in Ohio works first for at least one year to determine whether they are employed, the type of employment in which they are engaged, the amount of compensation they are receiving, whether their employer provides health insurance, whether and how often they have received benefits or services under the prevention, retention, and contingency program, and whether they are successfully self sufficient;

(c) Provide the department with reports at times the department specifies.

(11) Not later than the last day of each January and July, prepare a report containing information on the following:

(a) Individuals exhausting the time limits for participation in Ohio works first set forth in section 5107.18 of the Revised Code.

(b) Individuals who have been exempted from the time

limits set forth in section 5107.18 of the Revised Code and the reasons for the exemption.

(D) The department shall provide copies of the reports it receives under division (C)(10) of this section and prepares under division (C)(11) of this section to the governor, the president and minority leader of the senate, and the speaker and minority leader of the house of representatives. The department shall provide copies of the reports to any private or government entity on request.

(E) An authorized representative of the department or a county family services agency or state agency administering a Title IV-A program shall have access to all records and information bearing thereon for the purposes of investigations conducted pursuant to this section. An authorized representative of a government entity or private, not-for-profit entity administering a project funded in whole or in part with funds provided under the Title IV-A demonstration program shall have access to all records and information bearing on the project for the purpose of investigations conducted pursuant to this section.

Sec. 5101.801. (A) Except as otherwise provided by the law enacted by the general assembly or executive order issued by the governor establishing the Title IV-A program, a Title IV-A program identified under division (A)(4)(c), (d), (e), (f), ~~or~~ (g)<u>, or (h)</u> of section 5101.80 of the Revised Code shall provide benefits and services that are not "assistance" as defined in 45 C.F.R. 260.31(a) and are benefits and services that 45 C.F.R. 260.31(b) excludes from the definition of assistance.

(B)(1) Except as otherwise provided by the law enacted by the general assembly or executive order issued by the governor

establishing the Title IV-A program, the department of job and family services shall do either of the following regarding a Title IV-A program identified under division (A)(4)(c), (d), (e), (f), ~~or~~ (g)<u>, or (h)</u> of section 5101.80 of the Revised Code:

(a) Administer the program or supervise a county family services agency's administration of the program;

(b) Enter into an interagency agreement with a state agency for the state agency to administer the program under the department's supervision.

(2) The department may enter into an agreement with a government entity and, to the extent permitted by federal law, a private, not-for-profit entity for the entity to receive funding for a project under the Title IV-A demonstration program created under section 5101.803 of the Revised Code.

(3) To the extent permitted by federal law, the department may enter into an agreement with a private, not-for-profit entity for the entity to receive funds under the Ohio parenting and pregnancy program created under section 5101.804 of the Revised Code.

<u>(4) To the extent permitted by federal law, the department may enter into an agreement with a private, not-for-profit entity for the entity to receive funds as recommended by the Ohio commission on fatherhood under section 5101.805 of the Revised Code.</u>

(C) The department may adopt rules governing Title IV-A programs identified under divisions (A)(4)(c), (d), (e), (f), ~~and~~ (g)<u>, and (h)</u> of section 5101.80 of the Revised Code. Rules governing financial and operational matters of the department or between the department and county family services agencies shall

be adopted as internal management rules adopted in accordance with section 111.15 of the Revised Code. All other rules shall be adopted in accordance with Chapter 119. of the Revised Code.

(D) If the department enters into an agreement regarding a Title IV-A program identified under division (A)(4)(c), (e), (f), ~~or~~ (g)<u>, or (h)</u> of section 5101.80 of the Revised Code pursuant to division (B)(1)(b) or (2) of this section, the agreement shall include at least all of the following:

(1) A requirement that the state agency or entity comply with the requirements for the program or project, including all of the following requirements established by federal statutes and regulations, state statutes and rules, the United States office of management and budget, and the Title IV-A state plan prepared under section 5101.80 of the Revised Code:

(a) Eligibility;

(b) Reports;

(c) Benefits and services;

(d) Use of funds;

(e) Appeals for applicants for, and recipients and former recipients of, the benefits and services;

(f) Audits.

(2) A complete description of all of the following:

(a) The benefits and services that the program or project is to provide;

(b) The methods of program or project administration;

(c) The appeals process under section 5101.35 of the Revised Code for applicants for, and recipients and former

recipients of, the program or project's benefits and services;

(d) Other requirements that the department requires be included.

(3) Procedures for the department to approve a policy, established by rule or otherwise, that the state agency or entity establishes for the program or project before the policy is established;

(4) Provisions regarding how the department is to reimburse the state agency or entity for allowable expenditures under the program or project that the department approves, including all of the following:

(a) Limitations on administrative costs;

(b) The department, at its discretion, doing either of the following:

(i) Withholding no more than five per cent of the funds that the department would otherwise provide to the state agency or entity for the program or project;

(ii) Charging the state agency or entity for the costs to the department of performing, or contracting for the performance of, audits and other administrative functions associated with the program or project.

(5) If the state agency or entity arranges by contract, grant, or other agreement for another entity to perform a function the state agency or entity would otherwise perform regarding the program or project, the state agency or entity's responsibilities for both of the following:

(a) Ensuring that the other entity complies with the agreement between the state agency or entity and department and

federal statutes and regulations and state statutes and rules governing the use of funds for the program or project;

(b) Auditing the other entity in accordance with requirements established by the United States office of management and budget.

(6) The state agency or entity's responsibilities regarding the prompt payment, including any interest assessed, of any adverse audit finding, final disallowance of federal funds, or other sanction or penalty imposed by the federal government, auditor of state, department, a court, or other entity regarding funds for the program or project;

(7) Provisions for the department to terminate the agreement or withhold reimbursement from the state agency or entity if either of the following occur:

(a) The federal government disapproves the program or project or reduces federal funds for the program or project;

(b) The state agency or entity fails to comply with the terms of the agreement.

(8) Provisions for both of the following:

(a) The department and state agency or entity determining the performance outcomes expected for the program or project;

(b) An evaluation of the program or project to determine its success in achieving the performance outcomes determined under division (D)(8)(a) of this section.

(E) To the extent consistent with the law enacted by the general assembly or executive order issued by the governor establishing the Title IV-A program and subject to the approval of the director of budget and management, the director of job

and family services may terminate a Title IV-A program identified under division (A)(4)(c), (d), (e), (f), ~~or~~ (g), or (h) of section 5101.80 of the Revised Code or reduce funding for the program if the director of job and family services determines that federal or state funds are insufficient to fund the program. If the director of budget and management approves the termination or reduction in funding for such a program, the director of job and family services shall issue instructions for the termination or funding reduction. If a Title IV-A administrative agency is administering the program, the agency is bound by the termination or funding reduction and shall comply with the director's instructions.

(F) The director of job and family services may adopt internal management rules in accordance with section 111.15 of the Revised Code as necessary to implement this section. The rules are binding on each Title IV-A administrative agency.

Sec. 5101.805. (A) Subject to division (E) of section 5101.801 of the Revised Code, the Ohio commission on fatherhood, created under section 5101.34 of the Revised Code, may make recommendations to the director of job and family services concerning the funding, approval, and implementation of fatherhood programs in this state that meet at least one of the four purposes of the temporary assistance for needy families block grant, as specified in 42 U.S.C. 601.

(B) The department of job and family services may provide funding under this section to government entities and, to the extent permitted by federal law, private, not-for-profit entities with which the department enters into agreements under division (B)(4) of section 5101.801 of the Revised Code.

Sec. 5101.91. To increase participation in evidence-based

parenting education programs, including the "Positive Parenting Program," also known as "Triple P," the department of job and family services shall develop strategies for state departments, agencies, and boards to use in informing parents, caregivers, and child care providers about such programs and in promoting their benefits, including their parenting, caregiving, and educational resources. In developing the foregoing strategies, the department of job and family services shall collaborate with other state departments.

Sec. 5104.291. (A) This section establishes standards and conditions for rating the following early learning and development programs in the step up to quality program:

(1) A licensed child day-care center operating a head start or early head start program;

(2) A licensed type A or type B family day-care home under contract to provide head start or early head start services.

(B)(1) On a periodic basis, the department of job and family services shall do both of the following:

(a) Review head start program performance standards described in 45 C.F.R. Part 1302 and determine which step up to quality program ratings tier corresponds with minimum head start program performance standards;

(b) Review accreditation standards for the national association for the education of young children, or its successor organization, and determine which step up to quality program ratings tier corresponds with minimum accreditation standards.

(2) The department shall rate each program described in division (A)(1) or (2) of this section in the step up to quality

program ratings tier that the department has determined corresponds with the minimum standards.

(C) The department shall prescribe the manner in which a program is to demonstrate to the department satisfaction of the requirements of this section.

Sec. 5120.658. (A) As used in this section, "doula" has the same meaning as in section 4723.89 of the Revised Code.

(B) Beginning one year after the effective date of this section, the department of rehabilitation and correction shall operate a program to provide to inmates participating in any prison nursery program established under section 5120.65 of the Revised Code doula services that are provided by a doula certified under section 4723.89 of the Revised Code.

(C) The department may adopt rules in accordance with Chapter 119. of the Revised Code to implement this section.

Sec. 5123.0421. The director of developmental disabilities shall adopt rules in accordance with Chapter 119. of the Revised Code that are necessary to implement the state's part C early intervention services program, including rules that specify all of the following:

(A) Eligibility requirements to receive program services, including both of the following:

(1) Standards that deem an infant born before twenty-eight weeks of gestational age eligible for program services, without any other required conditions;

(2) Standards that provide to an infant born between twenty-eight and thirty-eight weeks of gestational age home visiting services pursuant to section 3701.61 of the Revised

Code that include developmental screening and, if appropriate based on the results of the screening, a referral for part C early intervention program services;

(B) Eligibility requirements to be a program service provider;

(C) Operating standards and procedures for program service providers, including standards and procedures governing data collection, program monitoring, and program evaluation;

(D) Procedures to appeal the denial of an application to receive program services or the termination of program services;

(E) Procedures to appeal a decision by the department of developmental disabilities to deny an application to be a program service provider or to terminate a provider's status;

(F) Procedures for addressing complaints by persons who receive program services;

(G) Criteria for the payment of program service providers;

(H) The metrics or indicators used to measure program service provider performance.

Sec. 5123.33. (A) In its annual report, the department of developmental disabilities shall include ~~a~~ both of the following:

(1) A list of the officers and agents employed, and complete financial statement of the various institutions under its control. The report shall describe the condition of each institution, and shall state, as to each institution, whether:

~~(A)~~ (a) The moneys appropriated have been economically and judiciously expended;

~~(B)~~ (b) The objects of the institutions have been accomplished;

~~(C)~~ (c) The laws in relation to such institutions have been fully complied with;

~~(D)~~ (d) All parts of the state are equally benefited by the institutions.

(2) The following information regarding this state's part C early intervention services program established pursuant to rules authorized under section 5123.0421 of the Revised Code:

(a) The number of families and infants served;

(b) The number and types of early intervention services provided;

(c) The age of infants on the referral date and the source of the referral, including an indication if the referral was made by a home visiting provider;

(d) Outcome metrics for participating families and infants.

~~Such~~ (B) Each annual report shall be accompanied by the reports of the managing officers, such other information as the department considers proper, and the department's recommendations for the more effective accomplishment of the general purpose of this chapter.

(C) The department shall submit each annual report to the general assembly in accordance with section 101.68 of the Revised Code.

Sec. 5153.16. (A) Except as provided in section 2151.422 of the Revised Code, in accordance with rules adopted under

section 5153.166 of the Revised Code, and on behalf of children in the county whom the public children services agency considers to be in need of public care or protective services, the public children services agency shall do all of the following:

(1) Make an investigation concerning any child alleged to be an abused, neglected, or dependent child;

(2) Enter into agreements with the parent, guardian, or other person having legal custody of any child, or with the department of job and family services, department of mental health and addiction services, department of developmental disabilities, other department, any certified organization within or outside the county, or any agency or institution outside the state, having legal custody of any child, with respect to the custody, care, or placement of any child, or with respect to any matter, in the interests of the child, provided the permanent custody of a child shall not be transferred by a parent to the public children services agency without the consent of the juvenile court;

(3) Accept custody of children committed to the public children services agency by a court exercising juvenile jurisdiction;

(4) Provide such care as the public children services agency considers to be in the best interests of any child adjudicated to be an abused, neglected, or dependent child the agency finds to be in need of public care or service;

(5) Provide social services to any unmarried girl adjudicated to be an abused, neglected, or dependent child who is pregnant with or has been delivered of a child;

(6) Make available to the children with medical handicaps

program of the department of health at its request any information concerning a child with a disability found to be in need of treatment under sections 3701.021 to 3701.028 of the Revised Code who is receiving services from the public children services agency;

(7) Provide temporary emergency care for any child considered by the public children services agency to be in need of such care, without agreement or commitment;

(8) Find certified foster homes, within or outside the county, for the care of children, including children with disabilities from other counties attending special schools in the county;

(9) Subject to the approval of the board of county commissioners and the state department of job and family services, establish and operate a training school or enter into an agreement with any municipal corporation or other political subdivision of the county respecting the operation, acquisition, or maintenance of any children's home, training school, or other institution for the care of children maintained by such municipal corporation or political subdivision;

(10) Acquire and operate a county children's home, establish, maintain, and operate a receiving home for the temporary care of children, or procure certified foster homes for this purpose;

(11) Enter into an agreement with the trustees of any district children's home, respecting the operation of the district children's home in cooperation with the other county boards in the district;

(12) Cooperate with, make its services available to, and

act as the agent of persons, courts, the department of job and family services, the department of health, and other organizations within and outside the state, in matters relating to the welfare of children, except that the public children services agency shall not be required to provide supervision of or other services related to the exercise of parenting time rights granted pursuant to section 3109.051 or 3109.12 of the Revised Code or companionship or visitation rights granted pursuant to section 3109.051, 3109.11, or 3109.12 of the Revised Code unless a juvenile court, pursuant to Chapter 2151. of the Revised Code, or a common pleas court, pursuant to division (E)(6) of section 3113.31 of the Revised Code, requires the provision of supervision or other services related to the exercise of the parenting time rights or companionship or visitation rights;

(13) Make investigations at the request of any superintendent of schools in the county or the principal of any school concerning the application of any child adjudicated to be an abused, neglected, or dependent child for release from school, where such service is not provided through a school attendance department;

(14) Administer funds provided under Title IV-E of the "Social Security Act," 94 Stat. 501 (1980), 42 U.S.C.A. 671, as amended, in accordance with rules adopted under section 5101.141 of the Revised Code;

(15) In addition to administering Title IV-E adoption assistance funds, enter into agreements to make adoption assistance payments under section 5153.163 of the Revised Code;

(16) Implement a system of safety and risk assessment, in accordance with rules adopted by the director of job and family

services, to assist the public children services agency in determining the risk of abuse or neglect to a child;

(17) Enter into a plan of cooperation with the board of county commissioners under section 307.983 of the Revised Code and comply with each fiscal agreement the board enters into under section 307.98 of the Revised Code that include family services duties of public children services agencies and contracts the board enters into under sections 307.981 and 307.982 of the Revised Code that affect the public children services agency;

(18) Make reasonable efforts to prevent the removal of an alleged or adjudicated abused, neglected, or dependent child from the child's home, eliminate the continued removal of the child from the child's home, or make it possible for the child to return home safely, except that reasonable efforts of that nature are not required when a court has made a determination under division (A)(2) of section 2151.419 of the Revised Code;

(19) Make reasonable efforts to place the child in a timely manner in accordance with the permanency plan approved under division (E) of section 2151.417 of the Revised Code and to complete whatever steps are necessary to finalize the permanent placement of the child;

(20) Administer a Title IV-A program identified under division (A)(4)(c) or ~~(g)~~ (h) of section 5101.80 of the Revised Code that the department of job and family services provides for the public children services agency to administer under the department's supervision pursuant to section 5101.801 of the Revised Code;

(21) Administer the kinship permanency incentive program

created under section 5101.802 of the Revised Code under the supervision of the director of job and family services;

(22) Provide independent living services pursuant to sections 2151.81 to 2151.84 of the Revised Code;

(23) File a missing child report with a local law enforcement agency upon becoming aware that a child in the custody of the public children services agency is or may be missing.

(B) The public children services agency shall use the system implemented pursuant to division (A)(16) of this section in connection with an investigation undertaken pursuant to division (G)(1) of section 2151.421 of the Revised Code to assess both of the following:

(1) The ongoing safety of the child;

(2) The appropriateness of the intensity and duration of the services provided to meet child and family needs throughout the duration of a case.

(C) Except as provided in section 2151.422 of the Revised Code, in accordance with rules of the director of job and family services, and on behalf of children in the county whom the public children services agency considers to be in need of public care or protective services, the public children services agency may do the following:

(1) Provide or find, with other child serving systems, specialized foster care for the care of children in a specialized foster home, as defined in section 5103.02 of the Revised Code, certified under section 5103.03 of the Revised Code;

(2)(a) Except as limited by divisions (C)(2)(b) and (c) of this section, contract with the following for the purpose of assisting the agency with its duties:

(i) County departments of job and family services;

(ii) Boards of alcohol, drug addiction, and mental health services;

(iii) County boards of developmental disabilities;

(iv) Regional councils of political subdivisions established under Chapter 167. of the Revised Code;

(v) Private and government providers of services;

(vi) Managed care organizations and prepaid health plans.

(b) A public children services agency contract under division (C)(2)(a) of this section regarding the agency's duties under section 2151.421 of the Revised Code may not provide for the entity under contract with the agency to perform any service not authorized by the department's rules.

(c) Only a county children services board appointed under section 5153.03 of the Revised Code that is a public children services agency may contract under division (C)(2)(a) of this section. If an entity specified in division (B) or (C) of section 5153.02 of the Revised Code is the public children services agency for a county, the board of county commissioners may enter into contracts pursuant to section 307.982 of the Revised Code regarding the agency's duties.

Sec. 5162.13. (A) On or before the first day of January of each year, the department of medicaid shall complete a report on the effectiveness of the medicaid program in meeting the health care needs of low-income pregnant women, infants, and children.

The report shall include all of the following, delineated by race and ethnic group:

(1) The estimated number of pregnant women, infants, and children eligible for the program;

(2) The actual number of eligible persons enrolled in the program;

(3) The actual number of enrolled pregnant women categorized by estimated gestational age at time of enrollment;

(4) The average number of days between the following events:

(a) A pregnant woman's application for medicaid and enrollment in the fee-for-service component of medicaid;

(b) A pregnant woman's application for enrollment in a medicaid managed care organization and enrollment in the managed care organization.

The information described in divisions (A)(4)(a) and (b) of this section shall also be delineated by county and the urban and rural communities specified in rules adopted under section 3701.142 of the Revised Code.

(5) The number of prenatal, postpartum, and child health visits;

(6) The estimated number of enrolled women of child-bearing age who use a tobacco product;

(7) The estimated number of enrolled women of child-bearing age who participate in a tobacco cessation program or who use a tobacco cessation product;

(8) The rates at which enrolled pregnant women receive

addiction or mental health services, progesterone therapy, and any other service specified by the department;

(9) A report on birth outcomes, including a comparison of low-birthweight births and infant mortality rates of medicaid recipients with the general female child-bearing and infant population in this state;

(10) A comparison of the prenatal, delivery, and child health costs of the program with such costs of similar programs in other states, where available;

(11) A report on performance data generated by the component of the state innovation model (SIM) grant pertaining to episode-based payments for perinatal care that was awarded to this state by the center for medicare and medicaid innovation in the United States centers for medicare and medicaid services;

(12) A report on funds allocated for infant mortality reduction initiatives in the urban and rural communities specified in rules adopted under section 3701.142 of the Revised Code;

(13) A report on the results of client responses to questions related to pregnancy services and healthcheck that are asked by the personnel of county departments of job and family services;

(14) A comparison of the performance of the fee-for-service component of medicaid with the performance of each medicaid managed care organization on perinatal health metrics;

(15) Beginning two years after the effective date of this amendment, a report on the medicaid coverage of doula services required by section 5164.071 of the Revised Code, including:

(a) Outcomes related to maternal health and maternal morbidity;

(b) Infant health outcomes;

(c) The average costs of providing doula services to mothers and infants;

(d) Estimated cost increases or savings as a result of providing doula coverage.

(B) The department shall submit the report to the general assembly in accordance with section 101.68 of the Revised Code and to the joint medicaid oversight committee. The department also shall make the report available to the public.

(C) The department shall provide to the joint medicaid oversight committee a copy of the data used to calculate the information required in the report under division (A)(15) of this section.

Sec. 5162.131. Semiannually, the medicaid director shall complete a report on the establishment and implementation of programs designed to control the increase of the cost of the medicaid program, increase the efficiency of the medicaid program, and promote better health outcomes, including demonstrating cost savings resulting from program investments. The director shall submit the report to the general assembly in accordance with section 101.68 of the Revised Code and to the joint medicaid oversight committee. In each calendar year, one report shall be submitted not later than the last day of June and the subsequent report shall be submitted not later than the last day of December.

Sec. 5164.071. (A) As used in this section, "doula" has the same meaning as in section 4723.89 of the Revised Code.

(B) Beginning one year after the effective date of this section, the medicaid program shall cover doula services that are provided by a doula if the doula has a valid provider agreement and is certified under section 4723.89 of the Revised Code. Medicaid payments for doula services shall be determined on the basis of each pregnancy, regardless of whether multiple births occur as a result of that pregnancy.

(C) Any provider outcome measurements or incentives the department of medicaid implements for the Medicaid coverage of doula services shall be consistent with this state's medicare-medicaid plan quality withhold provider or managed care plan methodology and benchmarks.

(D) The medicaid director shall adopt rules under section 5164.02 of the Revised Code to implement this section.

Sec. 5166.45. (A) As used in this section, "medical assistance program" and "refugee medical assistance program" have the same meanings as in section 5160.01 of the Revised Code.

(B) The medicaid director shall seek approval from the United States centers for medicare and medicaid services to establish a medicaid waiver component to provide continuous medicaid enrollment for children from birth through three years of age. A child who is determined eligible for medical assistance under Title XIX of the "Social Security Act" or child health assistance under Title XXI of the "Social Security Act" shall remain eligible for those benefits until the earlier of:

(1) The end of a period, not to exceed forty-eight months, following the determination;

(2) The date when the individual exceeds four years of

age.

(C) The waiver component described in division (B) of this section does not apply to a child who is eligible for a medical assistance program on the basis of being any of the following:

(1) Deemed presumptively eligible for medicaid pursuant to section 5163.101 of the Revised Code;

(2) Eligible for alien emergency medical assistance, as specified in section 1903(v)(2) of the "Social Security Act," 42 U.S.C. 1396b(v)(2);

(3) Eligible for the refugee medical assistance program administered pursuant to section 5160.50 of the Revised Code.

(D) If the waiver component is implemented, at the end of the second year after its implementation date, the medicaid director shall prepare and submit a report to the general assembly in accordance with section 101.68 of the Revised Code that includes the following information regarding the children described in division (B) of this section, excluding the children described in division (C) of this section:

(a) The number of children from birth through age three determined eligible for medical assistance or child health assistance during the two-year period after the waiver component is implemented;

(b) The average cost per child of a child from birth through age three that received medical assistance or child health assistance during fiscal years 2018-2019, 2020-2021, 2022-2023, and 2024-2025, respectively;

(c) The average number of preventive services provided per child from birth through age three under a medical assistance or

child health assistance program during the two-year period after the waiver component is implemented.

Section 2. That existing sections 3125.18, 3701.61, 3701.611, 5101.342, 5101.35, 5101.80, 5101.801, 5123.0421, 5123.33, 5153.16, 5162.13, and 5162.131 of the Revised Code are hereby repealed.

Section 3. (A) As used in this section:

(1) "WIC" means the Special Supplemental Nutrition Program for Women, Infants, and Children established under the "Child Nutrition Act of 1966," 42 U.S.C. 1786.

(2) "SNAP" means the Supplemental Nutrition Assistance Program administered by the Department of Job and Family Services under section 5101.54 of the Revised Code in accordance with the "Food and Nutrition Act of 2008," 7 U.S.C. 2011.

(B) The Department of Health shall evaluate and invest in strategies to create an integrated eligibility determination application for both WIC and SNAP. The Department of Health shall collaborate with the Department of Job and Family Services as necessary to create this application.

(C) The Department of Health shall investigate and determine the feasibility of the following:

(1) Incorporating all available federal waivers, including a waiver permitting the use of telephone and video calls to complete WIC enrollment;

(2) Creating pilot opportunities and modifying the WIC internet web site to simplify the application process and benefit distribution for WIC, including by:

(a) Pursuing multi-program enrollment through Ohio

Benefits;

(b) Allowing for adjunctive eligibility for WIC applicants who show proof of enrollment in SNAP, Ohio Works First, or Medicaid;

(c) Enabling automatic online loading of benefits to WIC nutrition cards;

(d) Offering online shopping with WIC nutrition cards;(e) Exploring other ways to improve access to WIC benefits and remove administrative burdens.

(D) Six months after the effective date of this section, the Department of Health shall submit a report to the General Assembly in accordance with section 101.68 of the Revised Code. The report shall detail the results of the investigation required by division (C) of this section, including the feasibility of implementing the various changes to the WIC program and the anticipated impact of permanently adopting the changes.

Section 4. (A) The Department of Health shall create an Ohio-tailored, membership-based mobile application available to pregnant and postpartum women who are eligible for Medicaid. The Department of Health, in collaboration with the Department of Medicaid, shall issue a request for proposals to onboard the mobile application platform described in this section. The request for proposals shall include the following deliverables:

(1) The selected vendor will deliver education, resources, and support to pregnant women and their families.

(2) The selected vendor will provide Ohio-specific information on its mobile application, including links to the Department of Medicaid and other state agency programs and

resources available to pregnant and postpartum women.

(3) The selected vendor will demonstrate a consistent workflow to increase awareness of state agency programs and resources available to users of the mobile application.

(4) The selected vendor will enable the Department of Medicaid and other state agencies to ask specific questions to users of the mobile application.

(5) The selected vendor will enable the Department of Medicaid to share specific content and resources, as determined by the Department, with users of the mobile application.

(6) The selected vendor will include information and resources in the mobile application that meet acceptable United States clinical standards, including standards defined by all of the following:

(a) The United States Centers for Disease Control and Prevention;

(b) The United States National Institutes of Health;

(c) The American College of Obstetricians and Gynecologists;

(d) The American Medical Association;

(e) The American Academy of Pediatrics.

(7) The selected vendor will make its mobile application available in multiple languages to provide access to as many users in the state as possible.

(8) The selected vendor will regularly provide the Department of Health and the Department of Medicaid with aggregate, deidentified data concerning the following:

(a) The number of users of the mobile application that are eligible for Medicaid;

(b) The number of users of the mobile application that are engaging with Ohio-specific content;

(c) The number of users of the mobile application seeking additional information about enrollment in the Medicaid program or other available resources;

(d) The number of monthly users of the mobile application;

(e) The number of daily users of the mobile application;

(f) The average length of time a user uses the mobile application;

(g) Any other information requested by the Department of Health and Department of Medicaid.

(9) The selected vendor will make its mobile application accessible on both iOS and Android platforms.

(10) Any other deliverables determined by the Department of Health and Department of Medicaid.

(B) On the dates one year after the effective date of this section and two years after the effective date of this section, the Department of Health shall submit a report to the General Assembly in accordance with section 101.68 of the Revised Code summarizing the data collected pursuant to division (A)(8) of this section.

Section 5. The Department of Health shall establish a program to award grants to legal assistance organizations and medical providers that partner together to identify pregnant women, mothers, and children in need of legal services and to

provide them with those services. The program's aim is to resolve, through the legal system, negative social determinants of health, such as unsafe housing, food or income insecurity, domestic violence, and child custody disputes, in an effort to increase participation in prenatal care and improve health outcomes for pregnant women, mothers, and children.

In awarding grants, the Department shall prioritize partnerships that demonstrate to the Department their ability to coordinate with case management and home visitation services. As a condition of receiving a grant, each legal assistance organization and medical provider partnership shall monitor health outcomes for the pregnant women, mothers, and children receiving legal services under the partnership and shall report on a regular basis those outcomes to the Department.

The report shall include an evaluation of the grant program that addresses the number of women, mothers, and children served, the number and type of services provided, and any health and developmental outcomes for participating women, mothers, and children.

Section 6. The Department of Medicaid shall study how evidence-based peer-to-peer programming that supports infant vitality can be reimbursed through the Medicaid program. The Department shall submit a report summarizing the results of the study to the General Assembly in accordance with section 101.68 of the Revised Code one year after the effective date of this section.

Section 7. (A) The Department of Job and Family Services shall establish a pilot program to assist in the development of quality, comprehensive child care programs like Early Head Start across the state. The program shall focus on communities,

including Appalachian, rural, and urban communities, experiencing both of the following:

(1) High rates of infant mortality;

(2) Limited access to child care for infants, toddlers, and families all at risk of being part of, or engaged in, the child welfare system.

(B) Under the pilot program, the Department shall award resiliency grants to entities or organizations seeking to establish new, or enhance existing, center-based, home-based, and child care partnership programs for the communities, children, and families described in division (A) of this section. To be eligible, an entity or organization shall demonstrate that the entity or organization is able to offer wraparound services, mental health supports, and therapeutic classrooms to assist in overcoming barriers and achieving family stability.

(C) In meeting the requirements of this section, the Department shall do the following:

(1) Consider how to best encourage innovative partnerships and develop models to improve developmental and learning outcomes, with a focus on prenatal to age three, also while helping to meet local community workforce needs and further state literacy and education priorities;

(2) Assist the programs described in division (B) of this section, including local Head Start programs, in collecting data that will better enable the programs to apply for federal grants and maintain funding over the course of grant cycles.

(D) The Department shall evaluate the program on a periodic basis and shall address the number of families and

children served, the number and type of services provided, and any health and developmental outcomes for participating families and children.

Section 8. (A) Not later than June 30, 2025, the Medicaid Director shall evaluate, clarify, and update the Medicaid program's coverage of evidence-based and evidence-informed mental health and dyadic family therapy services for children and their caregivers, which are intended to improve outcomes for children from birth through five years of age. The Director's evaluation, clarification, and update to coverage shall address mental health and related screening for infants, toddlers, young children, pregnant women, women postpartum, and mothers and other caregivers, and shall include follow-up for those with identified risk, for parent-child dyadic therapies, and other infant and early child mental health services.

The Director shall develop policy and billing guidance for Medicaid providers to do all of the following:

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

(2) Improve the consistency of early childhood screenings delivered in primary care settings;

(3) 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 one year after the effective date of this section, 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:

(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;

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

(a) The number of families and children served;

(b) The number and types of services provided;

(c) Outcome metrics for families and children served.

Section 9. All items in this act are hereby appropriated as designated out of any moneys in the state treasury to the credit of the designated fund. For all operating appropriations made in this act, those in the first column are for fiscal year 2024 and those in the second column are for fiscal year 2025. The operating appropriations made in this act are in addition to any other operating appropriations made for these fiscal years.

Section 10.

1	2	3	4	5
A		DEV DEPARTMENT OF DEVELOPMENT		
B	General Revenue Fund			

C	GRF	195419	Healthy Beginnings at Home	$16,000,000	$1,000,000
D	TOTAL GRF General Revenue Fund			$16,000,000	$1,000,000
E	TOTAL ALL BUDGET FUND GROUPS			$16,000,000	$1,000,000

HEALTHY BEGINNINGS AT HOME

Of the foregoing appropriation item 195419, Healthy Beginnings at Home, up to $15,000,000 in fiscal year 2024 shall be used, in coordination with the Department of Health, to support stable housing initiatives for pregnant mothers and to improve maternal and infant health outcomes.

Of the foregoing appropriation item 195419, Healthy Beginnings at Home, up to $1,000,000 in each fiscal year shall be used for Move to Prosper efforts.

Within one year of the effective date of this section, the Department shall submit a report to the General Assembly in accordance with section 101.68 of the Revised Code detailing the number of families served by stable housing initiatives including Move to Prosper efforts, the number and type of services provided, and outcome metrics including health and developmental outcomes.

Section 11.

1	2	3	4	5
A	DDD	DEPARTMENT OF DEVELOPMENTAL DISABILITIES		

B	General Revenue Fund			
C	GRF 322421	Part C Early Intervention	$2,000,000	$0
D	TOTAL GRF General Revenue Fund		$2,000,000	$0
E	TOTAL ALL BUDGET FUND GROUPS		$2,000,000	$0

PART C EARLY INTERVENTION

The foregoing appropriation item 322421, Part C Early Intervention, shall be used by the Department of Developmental Disabilities to provide Part C Early Intervention services to infants born before twenty-eight weeks of gestational age and infants born between twenty-eight and thirty-eight weeks of gestational age who are referred for services in accordance with section 5123.0421 of the Revised Code.

An amount equal to the unexpended, unencumbered balance of appropriation item 322421, Part C Early Intervention, at the end of fiscal year 2024 is hereby reappropriated to the same appropriation item for the same purpose in fiscal year 2025.

Section 12.

1	2	3	4	5
A		DOH DEPARTMENT OF HEALTH		
B	General Revenue Fund			
C	GRF 440416	Mothers and Children Safety Net Services	$2,000,000	$2,000,000

D	GRF	440459	Help Me Grow	$5,000,000	$3,000,000
E	GRF	440474	Infant Vitality	$2,000,000	$2,000,000
F	GRF	440484	Public Health Technology Innovation	$500,000	$500,000
G	GRF	440485	Health Program Support	$1,000,000	$1,000,000
H	TOTAL GRF General Revenue Fund			$10,500,000	$8,500,000
I	TOTAL ALL BUDGET FUND GROUPS			$10,500,000	$8,500,000

MOTHERS AND CHILDREN SAFETY NET SERVICES

The foregoing appropriation item 440416, Mothers and Children Safety Net Services, shall be used for the activities specified in Section 3 of this act.

HELP ME GROW

Of the foregoing appropriation item 440459, Help Me Grow, $2,000,000 in fiscal year 2024 shall be used for home visiting services and to screen infants who were born at low birth weights and between the gestational ages of twenty-eight to thirty-eight weeks to determine if the infant could benefit from receiving Part C Early Intervention services. An amount equal to the unexpended, unencumbered balance of this allocation at the end of fiscal year 2024 is hereby reappropriated to the same appropriation item for the same purpose in fiscal year 2025.

The remainder of appropriation item 440459, Help Me Grow, shall be used by the Director of Health to support the following:

(A) Establishing a comprehensive screening and connection

program as described in division (D) of section 3701.61 of the Revised Code and evaluating Help Me Grow's effectiveness in coordinating services;

(B) Expanding eligible providers of home visiting services and allowing providers of home visiting services to supplement their services with those available online or through other electronic means as specified in division (H) of section 3701.61 of the Revised Code;

(C) Evaluating the Help Me Grow Program in accordance with division (I) of section 3701.61 of the Revised Code;

(D) Increasing the workforce capacity of home visiting service providers and parenting support professionals as specified in division (J) of section 3701.61 of the Revised Code;

(E) Increasing participation in parenting education programs, including the Triple P Program, in accordance with section 5101.91 of the Revised Code and in consultation with the Department of Job and Family Services;

(F) Expanding access to fatherhood programming through the Ohio Fatherhood Commission in consultation with the Department of Job and Family Services.

INFANT VITALITY

Of the foregoing appropriation item 440474, Infant Vitality, $1,000,000 in each fiscal year shall be used for Centering Pregnancy services and similar evidence-based and evidence-informed group pregnancy education programs and targeted outreach to at-risk pregnant mothers and mothers of infants in areas of the state where there are gaps in such services, as identified by the Director of Health. Funding shall

be targeted first to areas with the highest levels of infant and maternal mortality.

Of the foregoing appropriation item 440474, Infant Vitality, $1,000,000 in each fiscal year shall be used to establish a community-based grant program to expand access to infant vitality supports.

PUBLIC HEALTH TECHNOLOGY INNOVATION

The foregoing appropriation item 440484, Public Health Technology Innovation, shall be used for a mobile application for Medicaid-eligible pregnant and postpartum women in accordance with Section 4 of this act.

HEALTH PROGRAM SUPPORT

The foregoing appropriation item 440485, Health Program Support, shall be used to award grants to legal assistance organizations and medical providers that partner together to identify pregnant women, mothers, and children in need of legal services in accordance with Section 5 of this act.

Section 13.

1	2	3	4	5
A		JFS DEPARTMENT OF JOB AND FAMILY SERVICES		
B	General Revenue Fund			
C	GRF 600566	Resiliency Grant Pilot Program	$3,000,000	$3,000,000

D	TOTAL GRF General Revenue Fund			$3,000,000	$3,000,000
E	TOTAL ALL BUDGET FUND GROUPS			$3,000,000	$3,000,000

RESILIENCY GRANT PILOT PROGRAM

The foregoing appropriation item 600566, Resiliency Grant Pilot Program, shall be used to fund the pilot program in accordance with Section 7 of this act.

Section 14.

1	2	3	4	5
A	MHA DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES			
B	General Revenue Fund			
C	GRF	336511	Early Childhood Mental Health Counselors and Consultation	$6,000,000	$6,000,000
D	TOTAL GRF General Revenue Fund			$6,000,000	$6,000,000
E	TOTAL ALL BUDGET FUND GROUPS			$6,000,000	$6,000,000

EARLY CHILDHOOD MENTAL HEALTH COUNSELORS AND CONSULTATION

The foregoing appropriation item 336511, Early Childhood Mental Health Counselors and Consultation, shall first be used for the development of online and other training tools, service and referral supports, and to evaluate program impact with a child care professional cohort. Any remaining amounts shall be

used to support early childhood mental health consulting, coaching, and training in behavior management, and mental health supports for child care assistant teachers and lead teachers to address needs of young children, in conjunction with their parents.

Section 15. Within the limits set forth in this act, the Director of Budget and Management shall establish accounts indicating the source and amount of funds for each appropriation made in this act, and shall determine the manner in which appropriation accounts shall be maintained. Expenditures from operating appropriations contained in this act shall be accounted for as though made in, and are subject to all applicable provisions of, the main operating appropriations act of the 135th General Assembly.

Section 16. This act shall be known as the Strong Foundations Act.