

**As Introduced**

**132nd General Assembly  
Regular Session  
2017-2018**

**S. B. No. 99**

**Senator Coley  
Cosponsor: Senator Terhar**

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**A BILL**

To amend sections 5163.01, 5166.40, and 5166.405 1  
and to enact section 5163.15 of the Revised Code 2  
to prohibit the Medicaid program from newly 3  
enrolling individuals as part of the expansion 4  
eligibility group. 5

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

**Section 1.** That sections 5163.01, 5166.40, and 5166.405 be 6  
amended and section 5163.15 of the Revised Code be enacted to 7  
read as follows: 8

**Sec. 5163.01.** As used in this chapter: 9

"Caretaker relative" has the same meaning as in 42 C.F.R. 10  
435.4 as that regulation is amended effective January 1, 2014. 11

"Expansion eligibility group" means the medicaid 12  
eligibility group described in section 1902(a)(10)(A)(i)(VIII) 13  
of the "Social Security Act," 42 U.S.C. 1396a(a)(10)(A)(i) 14  
(VIII). 15

"Federal financial participation" has the same meaning as 16  
in section 5160.01 of the Revised Code. 17

"Federal medical assistance percentage for the expansion eligibility group" means the amount of the federal government's share of expenditures for medicaid services provided to medicaid recipients enrolled in the medicaid program on the basis of being included in the expansion eligibility group, as established by section 1905(y) of the "Social Security Act," 42 U.S.C. 1396d(y). 18  
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"Federal poverty line" has the same meaning as in section 5162.01 of the Revised Code. 25  
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"Healthy start component" has the same meaning as in section 5162.01 of the Revised Code. 27  
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"Home and community-based services medicaid waiver component" has the same meaning as in section 5166.01 of the Revised Code. 29  
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"Intermediate care facility for individuals with intellectual disabilities" and "ICF/IID" have the same meanings as in section 5124.01 of the Revised Code. 32  
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"Mandatory eligibility groups" means the groups of individuals that must be covered by the medicaid state plan as a condition of the state receiving federal financial participation for the medicaid program. 35  
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"Medicaid buy-in for workers with disabilities program" means the component of the medicaid program established under sections 5163.09 to 5163.098 of the Revised Code. 39  
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"Medicaid services" has the same meaning as in section 5164.01 of the Revised Code. 42  
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"Medicaid waiver component" has the same meaning as in section 5166.01 of the Revised Code. 44  
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"Nursing facility" and "nursing facility services" have 46  
the same meanings as in section 5165.01 of the Revised Code. 47

"Optional eligibility groups" means the groups of 48  
individuals who may be covered by the medicaid state plan or a 49  
federal medicaid waiver and for whom the medicaid program 50  
receives federal financial participation. 51

"Other medicaid-funded long-term care services" has the 52  
meaning specified in rules adopted under section 5163.02 of the 53  
Revised Code. 54

"Supplemental security income program" means the program 55  
established by Title XVI of the "Social Security Act," 42 U.S.C. 56  
1381 et seq. 57

Sec. 5163.15. (A) Except as provided in division (B) of 58  
this section, the medicaid program shall not cover the expansion 59  
eligibility group. 60

(B) An individual enrolled on the effective date of this 61  
section in the medicaid program on the basis of being included 62  
in the expansion eligibility group may continue to be enrolled 63  
in the medicaid program until the earlier of the following: 64

(1) The date the individual ceases to meet the eligibility 65  
requirements for the medicaid program; 66

(2) If the federal medical assistance percentage for the 67  
expansion eligibility group is reduced on or after the effective 68  
date of this section, the date the reduction takes effect. 69

(C) This section does not preclude an individual who meets 70  
the requirements for the expansion eligibility group from 71  
enrolling, or continuing to be enrolled, in the medicaid program 72  
if the individual is eligible for medicaid on the basis of being 73

<u>included in another eligibility group the medicaid program</u>	74
<u>covers.</u>	75
<b>Sec. 5166.40.</b> (A) As used in sections 5166.40 to 5166.409	76
of the Revised Code:	77
(1) "Adult" means an individual who is at least eighteen	78
years of age.	79
(2) "Buckeye account" means a modified health savings	80
account established under section 5166.402 of the Revised Code.	81
(3) "Contribution" means the amounts that an individual	82
contributes to the individual's buckeye account and are	83
contributed to the account on the individual's behalf under	84
divisions (C) and (D) of section 5166.402 of the Revised Code.	85
"Contribution" does not mean the portion of an individual's	86
buckeye account that consists of medicaid funds deposited under	87
division (B) of section 5166.402 of the Revised Code or section	88
5166.404 of the Revised Code.	89
(4) "Core portion" means the portion of a healthy Ohio	90
program participant's buckeye account that consists of the	91
following:	92
(a) The amount of contributions to the account;	93
(b) The amounts awarded to the account under divisions (C)	94
and (D) of section 5166.404 of the Revised Code.	95
(5) "Eligible employer-sponsored health plan" has the same	96
meaning as in section 5000A(f) (2) of the "Internal Revenue Code	97
of 1986," 26 U.S.C. 5000A(f) (2).	98
(6) <u>"Expansion eligibility group" has the same meaning as</u>	99
<u>in section 5163.01 of the Revised Code.</u>	100

(7) "Healthy Ohio program" means the medicaid waiver component established under sections 5166.40 to 5166.409 of the Revised Code under which medicaid recipients specified in division (B) of this section enroll in comprehensive health plans and contribute to buckeye accounts.

~~(7)~~(8) "Healthy Ohio program debit swipe card" means a debit swipe card issued by a managed care organization to a healthy Ohio program participant under section 5166.403 of the Revised Code.

~~(8)~~(9) "Not-for-profit organization" means an organization that is exempt from federal income taxation under section 501(a) and (c) (3) of the "Internal Revenue Code of 1986," 26 U.S.C. 501(a) and (c) (3).

~~(9)~~(10) "Ward of the state" means ~~both of the following:~~ an individual who is a ward, as defined in section 2111.01 of the Revised Code.

~~(10)~~(11) "Workforce development activity" and "workforce development agency" have the same meanings as in section 6301.01 of the Revised Code.

(B) The medicaid director shall establish a medicaid waiver component to be known as the healthy Ohio program. Each adult medicaid recipient, other than a ward of the state, determined to be eligible for medicaid on the basis of either of the following shall participate in the healthy Ohio program:

(1) On the basis of being included in the category identified by the department of medicaid as covered families and children;

(2) ~~On~~ Subject to section 5163.15 of the Revised Code, on the basis of being included in the expansion eligibility group

~~described in section 1902(a)(10)(A)(i)(VIII) of the "Social Security Act," 42 U.S.C. 1396a(a)(10)(A)(i)(VIII).~~ 130  
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(C) Except as provided in section 5166.406 of the Revised Code, a healthy Ohio program participant shall not receive medicaid services under the fee-for-service component of medicaid or participate in the care management system. 132  
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**Sec. 5166.405.** (A) A healthy Ohio program participant's participation in the program shall cease if any of the following applies: 136  
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(1) Unless the participant is pregnant, a monthly installment payment to the participant's buckeye account is sixty days late. 139  
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(2) The participant fails to submit documentation needed for a redetermination of the participant's eligibility for medicaid before the sixty-first day after the documentation is requested. 142  
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(3) The participant becomes eligible for medicaid on a basis other than being included in the category identified by the department of medicaid as covered families and children or being included in the expansion eligibility group ~~described in section 1902(a)(10)(A)(i)(VIII) of the "Social Security Act," 42 U.S.C. 1396a(a)(10)(A)(i)(VIII).~~ 146  
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(4) The participant becomes a ward of the state. 152

(5) The participant ceases to be eligible for medicaid. 153

(6) The participant exhausts the annual or lifetime payout limit specified in division (D) of section 5166.401 of the Revised Code. 154  
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(7) The participant requests that the participant's 157

participation be terminated. 158

(B) A healthy Ohio program participant who ceases to 159  
participate in the program under division (A) (1) or (2) of this 160  
section may not resume participation until the former 161  
participant pays the full amount of the monthly installment 162  
payment or submits the documentation needed for the former 163  
participant's medicaid eligibility redetermination. The former 164  
participant shall not be transferred to the fee-for-service 165  
component of medicaid or the care management system as a result 166  
of ceasing to participate in the healthy Ohio program under 167  
division (A) (1) or (2) of this section. 168

(C) Except as provided in section 5166.407 of the Revised 169  
Code, a healthy Ohio program participant who ceases to 170  
participate in the program shall be provided the contributions 171  
that are in the participant's buckeye account at the time the 172  
participant ceases participation. 173

**Section 2.** That existing sections 5163.01, 5166.40, and 174  
5166.405 of the Revised Code are hereby repealed. 175