

As Introduced

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

S. B. No. 237

Senator Jordan

A BILL

To amend sections 5166.01, 5166.40, and 5166.405, 1
to enact section 5163.15, and to repeal section 2
5166.37 of the Revised Code to prohibit the 3
Medicaid program from covering the expansion 4
eligibility group after December 31, 2018. 5

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

Section 1. That sections 5166.01, 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. 5163.15. The medicaid program shall not cover the 9
expansion eligibility group after December 31, 2018. 10

Sec. 5166.01. As used in this chapter: 11

"209(b) option" means the option described in section 12
1902(f) of the "Social Security Act," 42 U.S.C. 1396a(f), under 13
which the medicaid program's eligibility requirements for aged, 14
blind, and disabled individuals are more restrictive than the 15
eligibility requirements for the supplemental security income 16
program. 17

"Administrative agency" means, with respect to a home and 18

community-based services medicaid waiver component, the 19
department of medicaid or, if a state agency or political 20
subdivision contracts with the department under section 5162.35 21
of the Revised Code to administer the component, that state 22
agency or political subdivision. 23

"Care management system" means the system established 24
under section 5167.03 of the Revised Code. 25

"Dual eligible individual" has the same meaning as in 26
section 5160.01 of the Revised Code. 27

~~"Expansion eligibility group" has the same meaning as in 28
section 5163.01 of the Revised Code. 29~~

"Federal poverty line" has the same meaning as in section 30
5162.01 of the Revised Code. 31

"Home and community-based services medicaid waiver 32
component" means a medicaid waiver component under which home 33
and community-based services are provided as an alternative to 34
hospital services, nursing facility services, or ICF/IID 35
services. 36

"Hospital" has the same meaning as in section 3727.01 of 37
the Revised Code. 38

"Hospital long-term care unit" has the same meaning as in 39
section 5168.40 of the Revised Code. 40

"ICDS participant" has the same meaning as in section 41
5164.01 of the Revised Code. 42

"ICF/IID" and "ICF/IID services" have the same meanings as 43
in section 5124.01 of the Revised Code. 44

"Integrated care delivery system" and "ICDS" have the same 45

meanings as in section 5164.01 of the Revised Code. 46

"Level of care determination" means a determination of 47
whether an individual needs the level of care provided by a 48
hospital, nursing facility, or ICF/IID and whether the 49
individual, if determined to need that level of care, would 50
receive hospital services, nursing facility services, or ICF/IID 51
services if not for a home and community-based services medicaid 52
waiver component. 53

"Medicaid buy-in for workers with disabilities program" 54
has the same meaning as in section 5163.01 of the Revised Code. 55

"Medicaid provider" has the same meaning as in section 56
5164.01 of the Revised Code. 57

"Medicaid services" has the same meaning as in section 58
5164.01 of the Revised Code. 59

"Medicaid waiver component" means a component of the 60
medicaid program authorized by a waiver granted by the United 61
States department of health and human services under the "Social 62
Security Act," section 1115 or 1915, 42 U.S.C. 1315 or 1396n. 63
"Medicaid waiver component" does not include a care management 64
system established under section 5167.03 of the Revised Code. 65

"Medically fragile child" means an individual who is under 66
eighteen years of age, has intensive health care needs, and is 67
considered blind or disabled under section 1614(a)(2) or (3) of 68
the "Social Security Act," 42 U.S.C. 1382c(a)(2) or (3). 69

"Nursing facility" and "nursing facility services" have 70
the same meanings as in section 5165.01 of the Revised Code. 71

"Ohio home care waiver program" means the home and 72
community-based services medicaid waiver component that is known 73

as Ohio home care and was created pursuant to section 5166.11 of 74
the Revised Code. 75

"Provider agreement" has the same meaning as in section 76
5164.01 of the Revised Code. 77

"Residential treatment facility" means a residential 78
facility licensed by the department of mental health and 79
addiction services under section 5119.34 of the Revised Code, or 80
an institution certified by the department of job and family 81
services under section 5103.03 of the Revised Code, that serves 82
children and either has more than sixteen beds or is part of a 83
campus of multiple facilities or institutions that, combined, 84
have a total of more than sixteen beds. 85

"Skilled nursing facility" has the same meaning as in 86
section 5165.01 of the Revised Code. 87

"Unified long-term services and support medicaid waiver 88
component" means the medicaid waiver component authorized by 89
section 5166.14 of the Revised Code. 90

Sec. 5166.40. (A) As used in sections 5166.40 to 5166.409 91
of the Revised Code: 92

(1) "Adult" means an individual who is at least eighteen 93
years of age. 94

(2) "Buckeye account" means a modified health savings 95
account established under section 5166.402 of the Revised Code. 96

(3) "Contribution" means the amounts that an individual 97
contributes to the individual's buckeye account and are 98
contributed to the account on the individual's behalf under 99
divisions (C) and (D) of section 5166.402 of the Revised Code. 100
"Contribution" does not mean the portion of an individual's 101

buckeye account that consists of medicaid funds deposited under 102
division (B) of section 5166.402 of the Revised Code or section 103
5166.404 of the Revised Code. 104

(4) "Core portion" means the portion of a healthy Ohio 105
program participant's buckeye account that consists of the 106
following: 107

(a) The amount of contributions to the account; 108

(b) The amounts awarded to the account under divisions (C) 109
and (D) of section 5166.404 of the Revised Code. 110

(5) "Eligible employer-sponsored health plan" has the same 111
meaning as in section 5000A(f) (2) of the "Internal Revenue Code 112
of 1986," 26 U.S.C. 5000A(f) (2) . 113

(6) "Healthy Ohio program" means the medicaid waiver 114
component established under sections 5166.40 to 5166.409 of the 115
Revised Code under which medicaid recipients specified in 116
division (B) of this section enroll in comprehensive health 117
plans and contribute to buckeye accounts. 118

(7) "Healthy Ohio program debit swipe card" means a debit 119
swipe card issued by a managed care organization to a healthy 120
Ohio program participant under section 5166.403 of the Revised 121
Code. 122

(8) "Not-for-profit organization" means an organization 123
that is exempt from federal income taxation under section 501(a) 124
and (c) (3) of the "Internal Revenue Code of 1986," 26 U.S.C. 125
501(a) and (c) (3) . 126

(9) "Ward of the state" means an individual who is a ward, 127
as defined in section 2111.01 of the Revised Code. 128

(10) "Workforce development activity" and "local board" 129

have the same meanings as in section 6301.01 of the Revised Code. 130
131

(B) The medicaid director shall establish a medicaid 132
waiver component to be known as the healthy Ohio program. Each 133
adult medicaid recipient, other than a ward of the state, 134
determined to be eligible for medicaid on the basis of ~~either of~~ 135
~~the following being included in the category identified by the~~ 136
~~department of medicaid as covered families and children shall~~ 137
participate in the healthy Ohio program. 138

~~(1) On the basis of being included in the category~~ 139
~~identified by the department of medicaid as covered families and~~ 140
~~children;~~ 141

~~(2) On the basis of being included in the expansion~~ 142
~~eligibility group.~~ 143

(C) Except as provided in section 5166.406 of the Revised 144
Code, a healthy Ohio program participant shall not receive 145
medicaid services under the fee-for-service component of 146
medicaid or participate in the care management system. 147

Sec. 5166.405. (A) A healthy Ohio program participant's 148
participation in the program shall cease if any of the following 149
applies: 150

(1) Unless the participant is pregnant, a monthly 151
installment payment to the participant's buckeye account is 152
sixty days late. 153

(2) The participant fails to submit documentation needed 154
for a redetermination of the participant's eligibility for 155
medicaid before the sixty-first day after the documentation is 156
requested. 157

(3) The participant becomes eligible for medicaid on a 158
basis other than being included in the category identified by 159
the department of medicaid as covered families and children ~~or~~ 160
~~being included in the expansion eligibility group.~~ 161

(4) The participant becomes a ward of the state. 162

(5) The participant ceases to be eligible for medicaid. 163

(6) The participant exhausts the annual or lifetime payout 164
limit specified in division (D) of section 5166.401 of the 165
Revised Code. 166

(7) The participant requests that the participant's 167
participation be terminated. 168

(B) A healthy Ohio program participant who ceases to 169
participate in the program under division (A) (1) or (2) of this 170
section may not resume participation until the former 171
participant pays the full amount of the monthly installment 172
payment or submits the documentation needed for the former 173
participant's medicaid eligibility redetermination. The former 174
participant shall not be transferred to the fee-for-service 175
component of medicaid or the care management system as a result 176
of ceasing to participate in the healthy Ohio program under 177
division (A) (1) or (2) of this section. 178

(C) Except as provided in section 5166.407 of the Revised 179
Code, a healthy Ohio program participant who ceases to 180
participate in the program shall be provided the contributions 181
that are in the participant's buckeye account at the time the 182
participant ceases participation. 183

Section 2. That existing sections 5166.01, 5166.40, and 184
5166.405 and section 5166.37 of the Revised Code are hereby 185
repealed. 186

Section 3. Sections 1 and 2 of this act take effect 187
January 1, 2019. 188