

**As Introduced**

**135th General Assembly  
Regular Session  
2023-2024**

**H. B. No. 246**

**Representatives Cutrona, Brewer**

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**A BILL**

To amend section 5164.91 and to enact sections 1  
173.525, 5162.137, 5166.122, and 5166.162 of the 2  
Revised Code regarding self-direction in certain 3  
Medicaid home and community-based services 4  
waiver programs. 5

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

**Section 1.** That section 5164.91 be amended and sections 6  
173.525, 5162.137, 5166.122, and 5166.162 of the Revised Code be 7  
enacted to read as follows: 8

**Sec. 173.525.** (A) As used in this section, "self-directed 9  
services" has the same meaning as in 42 U.S.C. 1396n(i)(1)(G) 10  
(iii)(II). 11

(B) Unless the medicaid-funded component of the PASSPORT 12  
program is terminated pursuant to division (C) of section 173.52 13  
of the Revised Code, the department of aging shall do both of 14  
the following: 15

(1) Streamline the direct service worker certification and 16  
the participant enrollment processes for self-directed services 17  
under the medicaid-funded component of the PASSPORT program in 18  
accordance with division (C) of this section; 19

(2) Ensure that PASSPORT program participants are enrolled 20  
and able to receive self-directed services not later than thirty 21  
days after the date of application for those services. The 22  
department shall create an exception to this requirement in the 23  
event that there are insufficient direct service workers or 24  
other delays that are through no fault of the direct service 25  
worker or the participant. 26

(C) The department shall streamline the certification and 27  
enrollment processes for self-directed services under the 28  
medicaid-funded component of the PASSPORT program by doing all 29  
of the following: 30

(1) Combining participant orientation meetings into one 31  
meeting to ensure the orientation is effective and efficient; 32

(2) Establishing timelines for completing the direct 33  
service worker certification processes; 34

(3) Establishing reporting requirements to monitor 35  
compliance with the certification timelines established under 36  
division (C)(2) of this section; 37

(4) To the extent possible under federal law, combining 38  
the direct service worker certification and participant 39  
enrollment steps concurrently, rather than sequentially; 40

(5) Collecting and compiling data on when a PASSPORT 41  
program participant requests self-directed services and the 42  
start date of those services to ensure timely access to 43  
services; 44

(6) Permitting direct service workers and participants to 45  
apply separately and be certified or enrolled, as applicable, 46  
without requiring a match between a direct service worker and a 47  
participant; 48

(7) Permitting direct service workers to provide 49  
conditional self-directed services for up to sixty days while 50  
undergoing any required criminal background checks and training. 51

(D) The department shall establish goals for the number of 52  
medicaid-funded component PASSPORT program participants electing 53  
to participate in self-directed services. 54

(E) For purposes of the national provider identifier 55  
requirement implemented under section 1171 of the "Health 56  
Insurance Portability and Accountability Act of 1996," 42 U.S.C. 57  
1320d et seq., and 45 C.F.R. 162.404 et seq., the department 58  
shall classify a direct service worker who is not a health care 59  
provider, as that term is defined in 45 C.F.R. 160.103, as an 60  
atypical provider and shall not require the direct service 61  
worker to obtain a national provider identifier number. As 62  
permitted by the United States centers for medicare and medicaid 63  
services, a medicaid provider number or other identifier shall 64  
replace the national provider identifier requirement for those 65  
individuals receiving self-directed services. The department of 66  
aging shall modify its electronic visit verification system to 67  
use the financial management services' system rather than the 68  
vendor used for traditional medicaid services. 69

(F) The director of aging shall adopt rules as necessary 70  
to implement the provisions of this section. 71

**Sec. 5162.137.** The medicaid director shall annually report 72  
to the joint medicaid oversight committee and, in accordance 73  
with section 101.68 of the Revised Code, the members of the 74  
general assembly, the number and per cent of waiver program 75  
participants offered the option to self-direct services and the 76  
number and per cent of total waiver program participants 77  
electing to self-direct services in each of the following 78

<u>medicaid waiver programs:</u>	79
<u>(A) The medicaid-funded component of the PASSPORT program;</u>	80
<u>(B) The Ohio home care waiver program;</u>	81
<u>(C) The integrated care delivery system medicaid waiver</u> <u>component.</u>	82 83
<b>Sec. 5164.91.</b> The medicaid director may implement a	84
demonstration project called the integrated care delivery system	85
to test and evaluate the integration of the care that dual	86
eligible individuals receive under medicare and medicaid. No	87
provision of Title LI of the Revised Code applies to the	88
integrated care delivery system if that provision implements or	89
incorporates a provision of federal law governing medicaid and	90
that provision of federal law does not apply to the system.	91
<u>As soon as practicable, as determined by the director, the</u>	92
<u>director shall expand the integrated care delivery system so it</u>	93
<u>is available in all counties of this state and shall include in</u>	94
<u>the system options for system participants to self-direct</u>	95
<u>services, such as authority over provider and budget matters.</u>	96
<b>Sec. 5166.122.</b> (A) <u>As used in this section, "self-directed</u>	97
<u>services" has the same meaning as in 42 U.S.C. 1396n(i) (1) (G)</u>	98
<u>(iii) (II).</u>	99
<u>(B) Unless the Ohio home care waiver program is terminated</u>	100
<u>pursuant to section 5166.12 of the Revised Code, the department</u>	101
<u>of medicaid shall implement self-directed services in the</u>	102
<u>program as soon as practicable, as determined by the medicaid</u>	103
<u>director, but not later than one year after the effective date</u>	104
<u>of this section.</u>	105
<u>(C) Once implemented under division (B) of this section,</u>	106

the department of medicaid shall do both of the following: 107

(1) Streamline the direct service worker certification and 108  
the participant enrollment processes for self-directed services 109  
under the Ohio home care waiver program in accordance with 110  
division (D) of this section; 111

(2) Ensure that Ohio home care waiver program participants 112  
are enrolled and able to receive self-directed services not 113  
later than thirty days after the date of application for those 114  
services. The department shall create an exception to this 115  
requirement in the event that there are insufficient direct 116  
service workers or other delays that are through no fault of the 117  
direct service worker or the participant. 118

(D) The department shall streamline the certification and 119  
enrollment processes for self-directed services under the Ohio 120  
home care waiver by doing all of the following: 121

(1) Combining participant orientation meetings into one 122  
meeting to ensure the orientation is effective and efficient; 123

(2) Establishing timelines for completing the direct 124  
service worker certification processes; 125

(3) Establishing reporting requirements to monitor 126  
compliance with the certification timelines established under 127  
division (D) (2) of this section; 128

(4) To the extent possible under federal law, combining 129  
the direct service worker certification and participant 130  
enrollment steps concurrently, rather than sequentially; 131

(5) Collecting and compiling data on when an Ohio home 132  
care waiver participant requests self-directed services and the 133  
start date of those services to ensure timely access to 134

<u>services;</u>	135
<u>(6) Permitting direct service workers and participants to</u>	136
<u>apply separately and be certified or enrolled, as applicable,</u>	137
<u>without requiring a match between a direct service worker and a</u>	138
<u>participant;</u>	139
<u>(7) Permitting direct service workers to provide</u>	140
<u>conditional self-directed services for up to sixty days while</u>	141
<u>undergoing any required criminal background checks and training.</u>	142
<u>(E) The department shall establish goals for the number of</u>	143
<u>Ohio home care waiver participants electing to participate in</u>	144
<u>self-directed services.</u>	145
<u>(F) For purposes of the national provider identifier</u>	146
<u>requirement implemented under section 1171 of the "Health</u>	147
<u>Insurance Portability and Accountability Act of 1996," 42 U.S.C.</u>	148
<u>1320d et seq., and 45 C.F.R. 162.404 et seq., the department</u>	149
<u>shall classify a direct service worker who is not a health care</u>	150
<u>provider, as that term is defined in 45 C.F.R. 160.103, as an</u>	151
<u>atypical provider and shall not require the direct service</u>	152
<u>worker to obtain a national provider identifier number. As</u>	153
<u>permitted by the United States centers for medicare and medicaid</u>	154
<u>services, a medicaid provider number or other identifier shall</u>	155
<u>replace the national provider identifier requirement for those</u>	156
<u>individuals receiving self-directed services. The department of</u>	157
<u>medicaid shall modify its electronic visit verification system</u>	158
<u>to use the financial management services' system rather than the</u>	159
<u>vendor used for traditional Medicaid services.</u>	160
<u>(G) The medicaid director shall adopt rules as necessary</u>	161
<u>to implement the provisions of this section.</u>	162
<u>Sec. 5166.162. (A) As used in this section, "self-directed</u>	163

services" has the same meaning as in 42 U.S.C. 1396n(i) (1) (G) 164  
(iii) (II). 165

(B) If the medicaid director creates a home and community- 166  
based services medicaid waiver component under section 5166.16 167  
of the Revised Code as part of the integrated care delivery 168  
system, the department of medicaid shall do both of the 169  
following: 170

(1) Streamline the direct service worker certification and 171  
participant enrollment processes for self-directed services 172  
under the ICDS medicaid waiver component in accordance with 173  
division (C) of this section; 174

(2) Ensure that ICDS medicaid waiver participants are 175  
enrolled and able to receive self-directed services not later 176  
than thirty days after the date of application for those 177  
services. The department shall create an exception to this 178  
requirement in the event that there are insufficient direct 179  
service workers or other delays that are through no fault of the 180  
direct service provider or the participant. 181

(C) The department shall streamline the certification and 182  
enrollment processes for self-directed services under the ICDS 183  
medicaid waiver component by doing all of the following: 184

(1) Combining participant orientation meetings into one 185  
meeting to ensure the orientation is effective and efficient; 186

(2) Establishing timelines for completing the direct 187  
service worker certification processes; 188

(3) Establishing reporting requirements to monitor 189  
compliance with the certification timelines established under 190  
division (C) (2) of this section; 191

(4) To the extent possible under federal law, combining 192  
the direct service worker certification and participant 193  
enrollment steps concurrently, rather than sequentially; 194

(5) Collecting and compiling data on when an ICDS medicaid 195  
waiver component participant requests self-directed services and 196  
the start date of those services to ensure timely access to 197  
services; 198

(6) Permitting direct service workers and participants to 199  
apply separately and be certified or enrolled, as applicable, 200  
without requiring a match between a direct service worker and a 201  
participant; 202

(7) Permitting direct service workers to provide 203  
conditional self-directed services for up to sixty days while 204  
undergoing any required criminal background checks and training. 205

(D) The department shall establish goals for the number of 206  
integrated care delivery system enrollees electing to 207  
participate in self-directed services. 208

(E) For purposes of the national provider identifier 209  
requirement implemented under section 1171 of the "Health 210  
Insurance Portability and Accountability Act of 1996," 42 U.S.C. 211  
1320d et seq., and 45 C.F.R. 162.404 et seq., the department 212  
shall classify a direct service worker who is not a health care 213  
provider, as that term is defined in 45 C.F.R. 160.103, as an 214  
atypical provider and shall not require the direct service 215  
worker to obtain a national provider identifier number. As 216  
permitted by the United States centers for medicare and medicaid 217  
services, a medicaid provider number or other identifier shall 218  
replace the national provider identifier requirement for those 219  
individuals receiving self-directed services. The department of 220



<u>medicaid shall modify its electronic visit verification system</u>	221
<u>to use the financial management services' system rather than the</u>	222
<u>vendor used for traditional Medicaid services.</u>	223
<u>(F) The medicaid director shall adopt rules as necessary</u>	224
<u>to implement the provisions of this section.</u>	225
<b>Section 2.</b> That existing section 5164.91 of the Revised	226
Code is hereby repealed.	227