As Introduced

136th General Assembly
Regular Session
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H. B. No. 810

Representative Williams

To enact sections 113.65 and 5166.38 of the Revised Code to establish the American Dream Voluntary Transition Program as a component of the Medicaid program and to designate this act the American Dream Act.

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

Section 1. That sections 113.65 and 5166.38 of the Revised Code be enacted to read as follows:

Sec. 113.65. (A) As used in this section, "American dream voluntary transition program" means the medicaid waiver component established under section 5166.38 of the Revised Code.

(B) The treasurer of state, in consultation with the medicaid director, shall establish American dream savings accounts that may be utilized by individuals participating in the American dream voluntary transition program. All accounts shall be maintained in a financial institution insured by the federal deposit insurance corporation (FDIC).

(C) Participants in phase two or phase three of the American dream voluntary transition program shall deposit funds into an American dream savings account in accordance with the program requirements specified in section 5166.38 of the Revised

Code and rules adopted by the medicaid director. The treasurer of state shall track and verify deposits and provide that information to the medicaid director on a quarterly basis.

(D) Upon completion of the program, a participant may use funds deposited into an American dream savings account for any of the following purposes:

(1) Security deposits, housing down payments, or other similar payments to secure housing;

(2) The purchase of or down payment on a motor vehicle;

(3) Education or job training;

(4) Employment-related relocation;

(5) Other workforce-related purposes.

(E) The treasurer of state shall adopt rules as necessary to implement this section. The rules shall include a mechanism by which the treasurer of state may require the forfeiture of funds from an American dream savings account that are utilized for a purpose not described in division (D) of this section.

Sec. 5166.38. (A)(1) The medicaid director shall establish a medicaid waiver component in accordance with this section under which certain individuals may elect to transition from the medicaid program to private insurance coverage. The component shall be known as the American dream voluntary transition program.

(2) The American dream voluntary transition program shall be a voluntary program for medicaid recipients who are considered eligible for participation by the department of medicaid under division (B) of this section. A medicaid recipient's decision not to participate in the program shall not

affect the recipient's medicaid eligibility.

(B) The department shall establish eligibility criteria for participation in the American dream voluntary transition program. Any member of the expansion eligibility group shall be eligible to participate in the program. Participation by a member of the expansion eligibility group satisfies that recipient's requirements to satisfy employment and training requirements under the medicaid waiver component established pursuant to section 5166.37 of the Revised Code or the community engagement requirements required by section 1902(xx) of the "Social Security Act," 42 U.S.C. 1396a(xx).

(C)(1) The American dream voluntary transition program shall contain three phases. Under phase one of the program, a medicaid recipient remains eligible for the medicaid program for twelve months if the recipient's income does not exceed two hundred fifty per cent of the federal poverty line. The department or an entity under contract with the department shall provide those participants with all of the following:

(a) Entrance orientation, including physical and mental capacity screenings when indicated;

(b) Workforce development exposure;

(c) Career interest and aptitude assessments;

(d) Individualized employment and transition plans;

(e) Referral to the Ohiomeansjobs web site and workOhio web site;

(f) Referral to other state or local workforce development programs.

(2) A program participant whose income exceeds two hundred

fifty per cent but does not exceed three hundred per cent of the federal poverty line shall be enrolled in phase two of the program. Under phase two, a program participant remains eligible for the medicaid program for twelve months if the participant satisfies both of the following requirements:

(a) The participant maintains employment.

(b) The participant deposits an average of twenty-five per cent of the participant's income that exceeds two hundred fifty per cent of the federal poverty line into an American dream savings account established by the treasurer of state under section 113.65 of the Revised Code.

(3) A program participant who participates in phase two of the program for twelve months or has an income that exceeds three hundred per cent of the federal poverty line shall be enrolled in phase three of the program. Except as provided in division (C)(4) of this section and subject to division (C)(5) of this section, under phase three of the program, a participant is eligible for state-funded health insurance premium and cost-sharing assistance for a period of twelve months if the participant satisfies all of the following requirements:

(a) The participant maintains employment.

(b) The participant deposits an average of twenty-five per cent of the participant's income that exceeds two hundred fifty per cent of the federal poverty line into an American dream savings account established by the treasurer of state under section 113.65 of the Revised Code.

(c) The participant transitions from the medicaid program to a qualified health plan as defined in section 1301 of the "Patient Protection and Affordable Care Act," 42 U.S.C. 18021,

offered in this state through an exchange created under that act.

(4) A program participant who is enrolled in phase three of the program is ineligible for state-funded health insurance premium and cost-sharing assistance if the participant receives employer-sponsored health insurance. The ineligibility period begins on the date the participant becomes covered under an employer-sponsored health insurance plan and concludes on the date the coverage ends.

(5) Notwithstanding the time limits specified in divisions (C)(1), (2), and (3) of this section, no participant shall participate in the American dream voluntary transition program for a period greater than twenty-four months, regardless of whether the participant has completed all three phases of the program.

(D) The medicaid director shall coordinate with the director of job and family services, the director of development, and the treasurer of state as necessary to implement the American dream voluntary transition program. The medicaid director shall enter into all necessary interagency agreements and establish any necessary reporting, verification, and compliance systems to implement this section.

(E) The medicaid director shall prepare and submit an annual report to the general assembly in accordance with section 101.68 of the Revised Code regarding the American dream voluntary transition program. The report shall include all of the following:

(1) The number of participants in the program, including employment outcomes for participants, income growth, and

transitions to private insurance coverage;

(2) The number of participants who are no longer enrolled in the medicaid program;

(3) Account balances and asset development of program participants' American dream savings accounts;

(4) The fiscal impact of the program;

(5) Any other information the director considers relevant concerning the program.

(F) The medicaid director shall adopt rules authorized under section 5166.02 of the Revised Code as necessary to implement this section.

Section 2. This act shall be known as the American Dream Act.