

**As Introduced**

**132nd General Assembly**

**Regular Session**

**2017-2018**

**H. B. No. 574**

**Representative Ingram**

**Cosponsors: Representatives Antonio, Kent**

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**A BILL**

To amend sections 5123.01, 5166.01, 5166.20, 1  
5166.22, 5166.23, and 5166.30 of the Revised 2  
Code to permit parents and guardians to be paid 3  
for providing personal care or similar services 4  
to their children or wards enrolled in a 5  
Medicaid waiver program under certain 6  
circumstances. 7

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

**Section 1.** That sections 5123.01, 5166.01, 5166.20, 8  
5166.22, 5166.23, and 5166.30 of the Revised Code be amended to 9  
read as follows: 10

**Sec. 5123.01.** As used in this chapter: 11

(A) "Chief medical officer" means the licensed physician 12  
appointed by the managing officer of an institution for persons 13  
with intellectual disabilities with the approval of the director 14  
of developmental disabilities to provide medical treatment for 15  
residents of the institution. 16

(B) "Chief program director" means a person with special 17  
training and experience in the diagnosis and management of 18

persons with developmental disabilities, certified according to 19  
division (C) of this section in at least one of the designated 20  
fields, and appointed by the managing officer of an institution 21  
for persons with intellectual disabilities with the approval of 22  
the director to provide habilitation and care for residents of 23  
the institution. 24

(C) "Comprehensive evaluation" means a study, including a 25  
sequence of observations and examinations, of a person leading 26  
to conclusions and recommendations formulated jointly, with 27  
dissenting opinions if any, by a group of persons with special 28  
training and experience in the diagnosis and management of 29  
persons with developmental disabilities, which group shall 30  
include individuals who are professionally qualified in the 31  
fields of medicine, psychology, and social work, together with 32  
such other specialists as the individual case may require. 33

(D) "Education" means the process of formal training and 34  
instruction to facilitate the intellectual and emotional 35  
development of residents. 36

(E) "Habilitation" means the process by which the staff of 37  
the institution assists the resident in acquiring and 38  
maintaining those life skills that enable the resident to cope 39  
more effectively with the demands of the resident's own person 40  
and of the resident's environment and in raising the level of 41  
the resident's physical, mental, social, and vocational 42  
efficiency. Habilitation includes but is not limited to programs 43  
of formal, structured education and training. 44

(F) "Health officer" means any public health physician, 45  
public health nurse, or other person authorized or designated by 46  
a city or general health district. 47

(G) "Home and community-based services" means medicaid- 48  
funded home and community-based services specified in division 49  
(A) ~~(1)~~ of section 5166.20 of the Revised Code provided under the 50  
medicaid waiver components the department of developmental 51  
disabilities administers pursuant to section 5166.21 of the 52  
Revised Code. Except as provided in section 5123.0412 of the 53  
Revised Code, home and community-based services provided under 54  
the medicaid waiver component known as the transitions 55  
developmental disabilities waiver are to be considered to be 56  
home and community-based services for the purposes of this 57  
chapter, and Chapters 5124. and 5126. of the Revised Code, only 58  
to the extent, if any, provided by the contract required by 59  
section 5166.21 of the Revised Code regarding the waiver. 60

(H) "ICF/IID" has the same meaning as in section 5124.01 61  
of the Revised Code. 62

(I) "Indigent person" means a person who is unable, 63  
without substantial financial hardship, to provide for the 64  
payment of an attorney and for other necessary expenses of legal 65  
representation, including expert testimony. 66

(J) "Institution" means a public or private facility, or a 67  
part of a public or private facility, that is licensed by the 68  
appropriate state department and is equipped to provide 69  
residential habilitation, care, and treatment for persons with 70  
intellectual disabilities. 71

(K) "Licensed physician" means a person who holds a valid 72  
certificate issued under Chapter 4731. of the Revised Code 73  
authorizing the person to practice medicine and surgery or 74  
osteopathic medicine and surgery, or a medical officer of the 75  
government of the United States while in the performance of the 76  
officer's official duties. 77

(L) "Managing officer" means a person who is appointed by 78  
the director of developmental disabilities to be in executive 79  
control of an institution under the jurisdiction of the 80  
department of developmental disabilities. 81

(M) "Medicaid case management services" means case 82  
management services provided to an individual with a 83  
developmental disability that the state medicaid plan requires. 84

(N) "Intellectual disability" means a disability 85  
characterized by having significantly subaverage general 86  
intellectual functioning existing concurrently with deficiencies 87  
in adaptive behavior, manifested during the developmental 88  
period. 89

(O) "Person with an intellectual disability subject to 90  
institutionalization by court order" means a person eighteen 91  
years of age or older with at least a moderate level of 92  
intellectual disability and in relation to whom, because of the 93  
person's disability, either of the following conditions exists: 94

(1) The person represents a very substantial risk of 95  
physical impairment or injury to self as manifested by evidence 96  
that the person is unable to provide for and is not providing 97  
for the person's most basic physical needs and that provision 98  
for those needs is not available in the community; 99

(2) The person needs and is susceptible to significant 100  
habilitation in an institution. 101

(P) "Moderate level of intellectual disability" means the 102  
condition in which a person, following a comprehensive 103  
evaluation, is found to have at least moderate deficits in 104  
overall intellectual functioning, as indicated by a full-scale 105  
intelligence quotient test score of fifty-five or below, and at 106

least moderate deficits in adaptive behavior, as determined in 107  
accordance with the criteria established in the fifth edition of 108  
the diagnostic and statistical manual of mental disorders 109  
published by the American psychiatric association. 110

(Q) "Developmental disability" means a severe, chronic 111  
disability that is characterized by all of the following: 112

(1) It is attributable to a mental or physical impairment 113  
or a combination of mental and physical impairments, other than 114  
a mental or physical impairment solely caused by mental illness, 115  
as defined in division (A) of section 5122.01 of the Revised 116  
Code. 117

(2) It is manifested before age twenty-two. 118

(3) It is likely to continue indefinitely. 119

(4) It results in one of the following: 120

(a) In the case of a person under three years of age, at 121  
least one developmental delay, as defined in rules adopted under 122  
section 5123.011 of the Revised Code, or a diagnosed physical or 123  
mental condition that has a high probability of resulting in a 124  
developmental delay, as defined in those rules; 125

(b) In the case of a person at least three years of age 126  
but under six years of age, at least two developmental delays, 127  
as defined in rules adopted under section 5123.011 of the 128  
Revised Code; 129

(c) In the case of a person six years of age or older, a 130  
substantial functional limitation in at least three of the 131  
following areas of major life activity, as appropriate for the 132  
person's age: self-care, receptive and expressive language, 133  
learning, mobility, self-direction, capacity for independent 134

living, and, if the person is at least sixteen years of age, 135  
capacity for economic self-sufficiency. 136

(5) It causes the person to need a combination and 137  
sequence of special, interdisciplinary, or other type of care, 138  
treatment, or provision of services for an extended period of 139  
time that is individually planned and coordinated for the 140  
person. 141

"Developmental disability" includes intellectual 142  
disability. 143

(R) "State institution" means an institution that is tax- 144  
supported and under the jurisdiction of the department of 145  
developmental disabilities. 146

(S) "Residence" and "legal residence" have the same 147  
meaning as "legal settlement," which is acquired by residing in 148  
Ohio for a period of one year without receiving general 149  
assistance prior to July 17, 1995, under former Chapter 5113. of 150  
the Revised Code, without receiving financial assistance prior 151  
to December 31, 2017, under former Chapter 5115. of the Revised 152  
Code, or assistance from a private agency that maintains records 153  
of assistance given. A person having a legal settlement in the 154  
state shall be considered as having legal settlement in the 155  
assistance area in which the person resides. No adult person 156  
coming into this state and having a spouse or minor children 157  
residing in another state shall obtain a legal settlement in 158  
this state as long as the spouse or minor children are receiving 159  
public assistance, care, or support at the expense of the other 160  
state or its subdivisions. For the purpose of determining the 161  
legal settlement of a person who is living in a public or 162  
private institution or in a home subject to licensing by the 163  
department of job and family services, the department of mental 164

health and addiction services, or the department of 165  
developmental disabilities, the residence of the person shall be 166  
considered as though the person were residing in the county in 167  
which the person was living prior to the person's entrance into 168  
the institution or home. Settlement once acquired shall continue 169  
until a person has been continuously absent from Ohio for a 170  
period of one year or has acquired a legal residence in another 171  
state. A woman who marries a man with legal settlement in any 172  
county immediately acquires the settlement of her husband. The 173  
legal settlement of a minor is that of the parents, surviving 174  
parent, sole parent, parent who is designated the residential 175  
parent and legal custodian by a court, other adult having 176  
permanent custody awarded by a court, or guardian of the person 177  
of the minor, provided that: 178

(1) A minor female who marries shall be considered to have 179  
the legal settlement of her husband and, in the case of death of 180  
her husband or divorce, she shall not thereby lose her legal 181  
settlement obtained by the marriage. 182

(2) A minor male who marries, establishes a home, and who 183  
has resided in this state for one year without receiving general 184  
assistance prior to July 17, 1995, under former Chapter 5113. of 185  
the Revised Code or assistance from a private agency that 186  
maintains records of assistance given shall be considered to 187  
have obtained a legal settlement in this state. 188

(3) The legal settlement of a child under eighteen years 189  
of age who is in the care or custody of a public or private 190  
child caring agency shall not change if the legal settlement of 191  
the parent changes until after the child has been in the home of 192  
the parent for a period of one year. 193

No person, adult or minor, may establish a legal 194

settlement in this state for the purpose of gaining admission to 195  
any state institution. 196

(T) (1) "Resident" means, subject to division (T) (2) of 197  
this section, a person who is admitted either voluntarily or 198  
involuntarily to an institution or other facility pursuant to 199  
section 2945.39, 2945.40, 2945.401, or 2945.402 of the Revised 200  
Code subsequent to a finding of not guilty by reason of insanity 201  
or incompetence to stand trial or under this chapter who is 202  
under observation or receiving habilitation and care in an 203  
institution. 204

(2) "Resident" does not include a person admitted to an 205  
institution or other facility under section 2945.39, 2945.40, 206  
2945.401, or 2945.402 of the Revised Code to the extent that the 207  
reference in this chapter to resident, or the context in which 208  
the reference occurs, is in conflict with any provision of 209  
sections 2945.37 to 2945.402 of the Revised Code. 210

(U) "Respondent" means the person whose detention, 211  
commitment, or continued commitment is being sought in any 212  
proceeding under this chapter. 213

(V) "Working day" and "court day" mean Monday, Tuesday, 214  
Wednesday, Thursday, and Friday, except when such day is a legal 215  
holiday. 216

(W) "Prosecutor" means the prosecuting attorney, village 217  
solicitor, city director of law, or similar chief legal officer 218  
who prosecuted a criminal case in which a person was found not 219  
guilty by reason of insanity, who would have had the authority 220  
to prosecute a criminal case against a person if the person had 221  
not been found incompetent to stand trial, or who prosecuted a 222  
case in which a person was found guilty. 223



(X) "Court" means the probate division of the court of common pleas.	224 225
(Y) "Supported living" and "residential services" have the same meanings as in section 5126.01 of the Revised Code.	226 227
<b>Sec. 5166.01.</b> As used in this chapter:	228
"209(b) option" means the option described in section 1902(f) of the "Social Security Act," 42 U.S.C. 1396a(f), under which the medicaid program's eligibility requirements for aged, blind, and disabled individuals are more restrictive than the eligibility requirements for the supplemental security income program.	229 230 231 232 233 234
"Administrative agency" means, with respect to a home and community-based services medicaid waiver component, the department of medicaid or, if a state agency or political subdivision contracts with the department under section 5162.35 of the Revised Code to administer the component, that state agency or political subdivision.	235 236 237 238 239 240
"Care management system" means the system established under section 5167.03 of the Revised Code.	241 242
"Dual eligible individual" has the same meaning as in section 5160.01 of the Revised Code.	243 244
"Expansion eligibility group" has the same meaning as in section 5163.01 of the Revised Code.	245 246
<u>"Federal 1915(c) waiver guidance" means the instructions, technical guide, and review criteria for home and community-based services medicaid waiver components authorized by section 1915(c) of the "Social Security Act," 42 U.S.C. 1396n(c), issued by the United States centers for medicare and medicaid services.</u>	247 248 249 250 251

"Federal poverty line" has the same meaning as in section 5162.01 of the Revised Code.	252 253
<u>"Guardian" has the same meaning as in section 2111.01 of the Revised Code.</u>	254 255
"Home and community-based services medicaid waiver component" means a medicaid waiver component under which home and community-based services are provided as an alternative to hospital services, nursing facility services, or ICF/IID services.	256 257 258 259 260
"Hospital" has the same meaning as in section 3727.01 of the Revised Code.	261 262
"Hospital long-term care unit" has the same meaning as in section 5168.40 of the Revised Code.	263 264
"ICDS participant" has the same meaning as in section 5164.01 of the Revised Code.	265 266
"ICF/IID" and "ICF/IID services" have the same meanings as in section 5124.01 of the Revised Code.	267 268
"Integrated care delivery system" and "ICDS" have the same meanings as in section 5164.01 of the Revised Code.	269 270
"Level of care determination" means a determination of whether an individual needs the level of care provided by a hospital, nursing facility, or ICF/IID and whether the individual, if determined to need that level of care, would receive hospital services, nursing facility services, or ICF/IID services if not for a home and community-based services medicaid waiver component.	271 272 273 274 275 276 277
"Medicaid buy-in for workers with disabilities program" has the same meaning as in section 5163.01 of the Revised Code.	278 279

"Medicaid provider" has the same meaning as in section 5164.01 of the Revised Code.	280 281
"Medicaid services" has the same meaning as in section 5164.01 of the Revised Code.	282 283
"Medicaid waiver component" means a component of the medicaid program authorized by a waiver granted by the United States department of health and human services under the "Social Security Act," section 1115 or 1915, 42 U.S.C. 1315 or 1396n.	284 285 286 287
"Medicaid waiver component" does not include a care management system established under section 5167.03 of the Revised Code.	288 289
"Medically fragile child" means an individual who is under eighteen years of age, has intensive health care needs, and is considered blind or disabled under section 1614(a) (2) or (3) of the "Social Security Act," 42 U.S.C. 1382c(a) (2) or (3).	290 291 292 293
"Nursing facility" and "nursing facility services" have the same meanings as in section 5165.01 of the Revised Code.	294 295
"Ohio home care waiver program" means the home and community-based services medicaid waiver component that is known as Ohio home care and was created pursuant to section 5166.11 of the Revised Code.	296 297 298 299
"Provider agreement" has the same meaning as in section 5164.01 of the Revised Code.	300 301
"Residential treatment facility" means a residential facility licensed by the department of mental health and addiction services under section 5119.34 of the Revised Code, or an institution certified by the department of job and family services under section 5103.03 of the Revised Code, that serves children and either has more than sixteen beds or is part of a campus of multiple facilities or institutions that, combined,	302 303 304 305 306 307 308

have a total of more than sixteen beds. 309

"Skilled nursing facility" has the same meaning as in 310  
section 5165.01 of the Revised Code. 311

"Unified long-term services and support medicaid waiver 312  
component" means the medicaid waiver component authorized by 313  
section 5166.14 of the Revised Code. 314

**Sec. 5166.20.** (A) The department of medicaid ~~may shall~~ 315  
create ~~the following:~~ 316

~~(1) One~~ one or more medicaid waiver components under which 317  
home and community-based services are provided to individuals 318  
with developmental disabilities as an alternative to placement 319  
in ICFs/IID~~r~~ 320

~~(2) One~~ . 321

(B) The department may create one or more medicaid waiver 322  
components under which home and community-based services are 323  
provided in the form of any of the following: 324

~~(a)~~ (1) Early intervention and supportive services for 325  
children under three years of age who have developmental delays 326  
or disabilities the department determines are significant; 327

~~(b)~~ (2) Therapeutic services for children who have autism; 328

~~(c)~~ (3) Specialized habilitative services for individuals 329  
who are eighteen years of age or older and have autism. 330

~~(B)~~ (C) At least one of the medicaid waiver components 331  
created pursuant to division (A) of this section shall permit a 332  
parent or guardian of a medicaid recipient who is under nineteen 333  
years of age and enrolled in the component to be paid for 334  
providing to the recipient personal care or similar services, as 335

defined in the federal 1915(c) waiver guidance, that are covered 336  
by the component if all of the following requirements are met: 337

(1) The parent or guardian is employed by or under 338  
contract with a home health agency that has a provider agreement 339  
to provide home and community-based services under the medicaid 340  
waiver component. 341

(2) The parent or guardian is listed as currently eligible 342  
to work in a long-term care facility on the department of 343  
health's nurse aide registry established under section 3721.32 344  
of the Revised Code. 345

(3) The personal care or similar services that the parent 346  
or guardian provides to the recipient are extraordinary care 347  
according to the federal 1915(c) waiver guidance. 348

(4) The recipient has been assessed as needing the 349  
personal care or similar services to avoid needing ICF/IID 350  
services. 351

(D) No medicaid waiver component created pursuant to 352  
division ~~(A)~~ (B) (2) ~~(b)~~ or ~~(e)~~ (3) of this section shall provide 353  
services that are available under another medicaid waiver 354  
component. No medicaid waiver component created pursuant to 355  
division ~~(A)~~ (B) (2) ~~(b)~~ of this section shall provide services to 356  
an individual that the individual is eligible to receive through 357  
an individualized education program as defined in section 358  
3323.01 of the Revised Code. 359

~~(C)~~ (E) The director of developmental disabilities and 360  
director of health may request that the department of medicaid 361  
create one or more medicaid waiver components under this 362  
section. 363

~~(D)~~ (F) Before creating a medicaid waiver component under 364

this section, the department of medicaid shall seek, accept, and 365  
consider public comments. 366

**Sec. 5166.22.** (A) Subject to division (B) of this section, 367  
when the department of developmental disabilities allocates 368  
enrollment numbers to a county board of developmental 369  
disabilities for home and community-based services specified in 370  
division (A)~~(1)~~ of section 5166.20 of the Revised Code and 371  
provided under any of the medicaid waiver components that the 372  
department administers under section 5166.21 of the Revised 373  
Code, the department shall consider all of the following: 374

(1) The number of individuals with developmental 375  
disabilities placed on the county board's waiting list 376  
established for the services pursuant to section 5126.042 of the 377  
Revised Code; 378

(2) The implementation component required by division (A) 379  
(3) of section 5126.054 of the Revised Code of the county 380  
board's plan approved under section 5123.046 of the Revised 381  
Code; 382

(3) Anything else the department considers necessary to 383  
enable the county board to provide the services to individuals 384  
placed on the county board's waiting list established for the 385  
services pursuant to section 5126.042 of the Revised Code. 386

(B) Division (A) of this section applies to home and 387  
community-based services provided under the medicaid waiver 388  
component known as the transitions developmental disabilities 389  
waiver only to the extent, if any, provided by the contract 390  
required by section 5166.21 of the Revised Code regarding the 391  
component. 392

**Sec. 5166.23.** (A) Subject to division (D) of this section, 393

the medicaid director shall adopt rules under section 5166.02 of 394  
the Revised Code establishing the payment amounts or the methods 395  
by which the payment amounts are to be determined for home and 396  
community-based services specified in division (A) ~~(1)~~ of section 397  
5166.20 of the Revised Code and provided under the components of 398  
the medicaid program that the department of developmental 399  
disabilities administers under section 5166.21 of the Revised 400  
Code. With respect to these rules, all of the following apply: 401

(1) The rules shall establish procedures for the 402  
department of developmental disabilities to follow in arranging 403  
for the initial and ongoing collection of cost information from 404  
a comprehensive, statistically valid sample of persons and 405  
government entities providing the services at the time the 406  
information is obtained. 407

(2) The rules shall establish procedures for the 408  
collection of consumer-specific information through an 409  
assessment instrument the department of developmental 410  
disabilities shall provide to the department of medicaid. 411

(3) With the information collected pursuant to divisions 412  
(A) (1) and (2) of this section, an analysis of that information, 413  
and other information the director determines relevant, the 414  
rules shall establish payment standards that do all of the 415  
following: 416

(a) Assure that payment amounts are consistent with 417  
efficiency, economy, and quality of care; 418

(b) Consider the intensity of consumer resource need; 419

(c) Recognize variations in different geographic areas 420  
regarding the resources necessary to assure the health and 421  
welfare of consumers; 422

(d) Recognize variations in environmental supports	423
available to consumers.	424
(B) As part of the process of adopting rules authorized by	425
this section, the director shall consult with the director of	426
developmental disabilities, representatives of county boards of	427
developmental disabilities, persons who provide the home and	428
community-based services, and other persons and government	429
entities the director identifies.	430
(C) The medicaid director and director of developmental	431
disabilities shall review the rules authorized by this section	432
at times they determine are necessary to ensure that the payment	433
amounts or the methods by which the payment amounts are to be	434
determined continue to meet the payment standards established	435
under division (A) (3) of this section.	436
(D) This section applies to home and community-based	437
services provided under the medicaid waiver component known as	438
the transitions developmental disabilities waiver only to the	439
extent, if any, provided by the contract required by section	440
5166.21 of the Revised Code regarding the component.	441
<b>Sec. 5166.30.</b> (A) As used in sections 5166.30 to 5166.3010	442
of the Revised Code:	443
(1) "Adult" means an individual at least eighteen years of	444
age.	445
(2) "Appropriate director" means the following:	446
(a) The medicaid director in the context of both of the	447
following:	448
(i) The Ohio home care waiver program, unless it is	449
terminated pursuant to section 5166.12 of the Revised Code;	450



- (ii) The integrated care delivery system medicaid waiver component authorized by section 5166.16 of the Revised Code. 451  
452
- (b) The director of aging in the context of the medicaid-funded component of the PASSPORT program, unless it is terminated pursuant to division (C) of section 173.52 of the Revised Code. 453  
454  
455  
456
- (3) "Authorized representative" means the following: 457
- (a) In the case of a consumer who is a minor, the consumer's parent, custodian, or guardian; 458  
459
- (b) In the case of a consumer who is an adult, an individual selected by the consumer pursuant to section 5166.3010 of the Revised Code to act on the consumer's behalf for purposes regarding home care attendant services. 460  
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462  
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- (4) "Authorizing health care professional" means a health care professional who, pursuant to section 5166.307 of the Revised Code, authorizes a home care attendant to assist a consumer with self-administration of medication, nursing tasks, or both. 464  
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467  
468
- (5) "Consumer" means an individual to whom all of the following apply: 469  
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- (a) The individual is enrolled in a participating medicaid waiver component. 471  
472
- (b) The individual has a medically determinable physical impairment to which both of the following apply: 473  
474
- (i) It is expected to last for a continuous period of not less than twelve months. 475  
476
- (ii) It causes the individual to require assistance with 477

activities of daily living, self-care, and mobility, including 478  
either assistance with self-administration of medication or the 479  
performance of nursing tasks, or both. 480

(c) In the case of an individual who is an adult, the 481  
individual is mentally alert and is, or has an authorized 482  
representative who is, capable of selecting, directing the 483  
actions of, and dismissing a home care attendant. 484

(d) In the case of an individual who is a minor, the 485  
individual has an authorized representative who is capable of 486  
selecting, directing the actions of, and dismissing a home care 487  
attendant. 488

(6) "Controlled substance" has the same meaning as in 489  
section 3719.01 of the Revised Code. 490

(7) "Custodian" has the same meaning as in section 491  
2151.011 of the Revised Code. 492

(8) "Gastrostomy tube" means a percutaneously inserted 493  
catheter that terminates in the stomach. 494

~~(9) "Guardian" has the same meaning as in section 2111.01~~ 495  
~~of the Revised Code.~~ 496

~~(10) "Health care professional" means a physician or~~ 497  
~~registered nurse.~~ 498

~~(11)~~(10) "Home care attendant" means an individual 499  
holding a valid provider agreement in accordance with section 500  
5166.301 of the Revised Code that authorizes the individual to 501  
provide home care attendant services to consumers. 502

~~(12)~~(11) "Home care attendant services" means all of the 503  
following as provided by a home care attendant: 504

(a) Personal care aide services;	505
(b) Assistance with the self-administration of medication;	506
(c) Assistance with nursing tasks.	507
<del>(13)</del> <u>(12)</u> "Jejunostomy tube" means a percutaneously inserted catheter that terminates in the jejunum.	508 509
<del>(14)</del> <u>(13)</u> "Medication" means a drug as defined in section 4729.01 of the Revised Code.	510 511
<del>(15)</del> <u>(14)</u> "Minor" means an individual under eighteen years of age.	512 513
<del>(16)</del> <u>(15)</u> "Participating medicaid waiver component" means all of the following:	514 515
(a) The medicaid-funded component of the PASSPORT program, unless it is terminated pursuant to division (C) of section 173.52 of the Revised Code;	516 517 518
(b) The Ohio home care waiver program, unless it is terminated pursuant to section 5166.12 of the Revised Code;	519 520
(c) The integrated care delivery system medicaid waiver component authorized by section 5166.16 of the Revised Code.	521 522
<del>(17)</del> <u>(16)</u> "Physician" means an individual authorized under Chapter 4731. of the Revised Code to practice medicine and surgery or osteopathic medicine and surgery.	523 524 525
<del>(18)</del> <u>(17)</u> "Practice of nursing as a registered nurse," "practice of nursing as a licensed practical nurse," and "registered nurse" have the same meanings as in section 4723.01 of the Revised Code. "Registered nurse" includes an advanced practice registered nurse, as defined in section 4723.01 of the Revised Code.	526 527 528 529 530 531

~~(19)~~(18) "Schedule II," "schedule III," "schedule IV," 532  
and "schedule V" have the same meanings as in section 3719.01 of 533  
the Revised Code. 534

(B) Participating medicaid waiver components may cover 535  
home care attendant services in accordance with sections 5166.30 536  
to 5166.3010 of the Revised Code and rules adopted under section 537  
5166.02 of the Revised Code. 538

**Section 2.** That existing sections 5123.01, 5166.01, 539  
5166.20, 5166.22, 5166.23, and 5166.30 of the Revised Code are 540  
hereby repealed. 541