

**As Introduced**

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

**S. B. No. 237**

**Senator Jordan**

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**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  
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(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 being included in the category identified by the department of medicaid as covered families and children~~ shall participate in the healthy Ohio program. 132  
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~~(1) On the basis of being included in the category identified by the department of medicaid as covered families and children;~~ 139  
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~~(2) On the basis of being included in the expansion eligibility group.~~ 142  
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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. 144  
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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: 148  
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(1) Unless the participant is pregnant, a monthly installment payment to the participant's buckeye account is sixty days late. 151  
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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. 154  
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(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