

As Introduced

**133rd General Assembly
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S. B. No. 25

Senator Huffman, M.

**Cosponsors: Senators Terhar, Coley, Roegner, Huffman, S., Hackett, Brenner,
Uecker**

A BILL

To amend sections 5163.01, 5163.07, 5166.01, and 1
5166.37 of the Revised Code regarding work and 2
education requirements for the Medicaid program. 3

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

Section 1. That sections 5163.01, 5163.07, 5166.01, and 4
5166.37 of the Revised Code be amended to read as follows: 5

Sec. 5163.01. As used in this chapter: 6

~~"Caretaker relative" has the same meaning as in 42 C.F.R. 7
435.4 as that regulation is amended effective January 1, 2014. 8~~

~~"Expansion eligibility group" means the medicaid 9
eligibility group described in section 1902(a)(10)(A)(i)(VIII) 10
of the "Social Security Act," 42 U.S.C. 1396a(a)(10)(A)(i) 11
(VIII). 12~~

"Federal financial participation" has the same meaning as 13
in section 5160.01 of the Revised Code. 14

"Federal poverty line" has the same meaning as in section 15
5162.01 of the Revised Code. 16

"Healthy start component" has the same meaning as in 17
section 5162.01 of the Revised Code. 18

"Home and community-based services medicaid waiver 19
component" has the same meaning as in section 5166.01 of the 20
Revised Code. 21

"Intermediate care facility for individuals with 22
intellectual disabilities" and "ICF/IID" have the same meanings 23
as in section 5124.01 of the Revised Code. 24

"Mandatory eligibility groups" means the groups of 25
individuals that must be covered by the medicaid state plan as a 26
condition of the state receiving federal financial participation 27
for the medicaid program. 28

"Medicaid buy-in for workers with disabilities program" 29
means the component of the medicaid program established under 30
sections 5163.09 to 5163.098 of the Revised Code. 31

"Medicaid services" has the same meaning as in section 32
5164.01 of the Revised Code. 33

"Medicaid waiver component" has the same meaning as in 34
section 5166.01 of the Revised Code. 35

"Nursing facility" and "nursing facility services" have 36
the same meanings as in section 5165.01 of the Revised Code. 37

"Optional eligibility groups" means the groups of 38
individuals who may be covered by the medicaid state plan or a 39
federal medicaid waiver and for whom the medicaid program 40
receives federal financial participation. 41

"Other medicaid-funded long-term care services" has the 42
meaning specified in rules adopted under section 5163.02 of the 43
Revised Code. 44

"Parents and other caretaker relatives eligibility group" 45
means the medicaid eligibility group that 42 C.F.R. 435.110 46
requires the medicaid program to cover. 47

"Supplemental security income program" means the program 48
established by Title XVI of the "Social Security Act," 42 U.S.C. 49
1381 et seq. 50

Sec. 5163.07. The medicaid director shall implement the 51
option authorized by section 1931(b)(2)(C) of the "Social 52
Security Act," ~~section 1931(b)(2)(C),~~ 42 U.S.C. 1396u-1(b)(2) 53
(C), to set the income eligibility threshold at ninety per cent 54
of the federal poverty line for the parents and other caretaker 55
~~relatives who are covered by the medicaid program under that~~ 56
~~section of the "Social Security Act eligibility group."~~ 57

Sec. 5166.01. As used in this chapter: 58

"209(b) option" means the option described in section 59
1902(f) of the "Social Security Act," 42 U.S.C. 1396a(f), under 60
which the medicaid program's eligibility requirements for aged, 61
blind, and disabled individuals are more restrictive than the 62
eligibility requirements for the supplemental security income 63
program. 64

"Administrative agency" means, with respect to a home and 65
community-based services medicaid waiver component, the 66
department of medicaid or, if a state agency or political 67
subdivision contracts with the department under section 5162.35 68
of the Revised Code to administer the component, that state 69
agency or political subdivision. 70

"Care management system" means the system established 71
under section 5167.03 of the Revised Code. 72

"Dual eligible individual" has the same meaning as in 73

section 5160.01 of the Revised Code. 74

"Expansion eligibility group" ~~has the same meaning as in~~ 75
~~section 5163.01 of the Revised Code~~ means the medicaid 76
eligibility group described in section 1902(a)(10)(A)(i)(VIII) 77
of the "Social Security Act," 42 U.S.C. 1396a(a)(10)(A)(i) 78
(VIII). 79

"Federal poverty line" has the same meaning as in section 80
5162.01 of the Revised Code. 81

"Home and community-based services medicaid waiver 82
component" means a medicaid waiver component under which home 83
and community-based services are provided as an alternative to 84
hospital services, nursing facility services, or ICF/IID 85
services. 86

"Hospital" has the same meaning as in section 3727.01 of 87
the Revised Code. 88

"Hospital long-term care unit" has the same meaning as in 89
section 5168.40 of the Revised Code. 90

"ICDS participant" has the same meaning as in section 91
5164.01 of the Revised Code. 92

"ICF/IID" and "ICF/IID services" have the same meanings as 93
in section 5124.01 of the Revised Code. 94

"Integrated care delivery system" and "ICDS" have the same 95
meanings as in section 5164.01 of the Revised Code. 96

"Level of care determination" means a determination of 97
whether an individual needs the level of care provided by a 98
hospital, nursing facility, or ICF/IID and whether the 99
individual, if determined to need that level of care, would 100
receive hospital services, nursing facility services, or ICF/IID 101

services if not for a home and community-based services medicaid waiver component.	102 103
"Medicaid buy-in for workers with disabilities program" has the same meaning as in section 5163.01 of the Revised Code.	104 105
"Medicaid provider" has the same meaning as in section 5164.01 of the Revised Code.	106 107
"Medicaid services" has the same meaning as in section 5164.01 of the Revised Code.	108 109
"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 <u>section 1115 or 1915 of the "Social Security Act,"</u> section 1115 or 1915, 42 U.S.C. 1315 or 1396n. "Medicaid waiver component" does not include a care management system established under section 5167.03 of the Revised Code.	110 111 112 113 114 115 116
"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).	117 118 119 120
"Nursing facility" and "nursing facility services" have the same meanings as in section 5165.01 of the Revised Code.	121 122
"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.	123 124 125 126
<u>"Parents and other caretaker relatives eligibility group"</u> has the same meaning as in section 5163.01 of the Revised Code.	127 128
"Provider agreement" has the same meaning as in section	129

5164.01 of the Revised Code. 130

"Residential treatment facility" means a residential 131
facility licensed by the department of mental health and 132
addiction services under section 5119.34 of the Revised Code, or 133
an institution certified by the department of job and family 134
services under section 5103.03 of the Revised Code, that serves 135
children and either has more than sixteen beds or is part of a 136
campus of multiple facilities or institutions that, combined, 137
have a total of more than sixteen beds. 138

"Skilled nursing facility" has the same meaning as in 139
section 5165.01 of the Revised Code. 140

"Unified long-term services and support medicaid waiver 141
component" means the medicaid waiver component authorized by 142
section 5166.14 of the Revised Code. 143

Sec. 5166.37. (A) The medicaid director shall establish a 144
medicaid waiver component under which an individual eligible for 145
medicaid on the basis of being included in the expansion 146
eligibility group or the parents and other caretaker relatives 147
eligibility group must satisfy at least one of the following 148
requirements to be able to enroll in medicaid as part of ~~the~~ 149
~~expansion eligibility group~~ either of those groups unless exempt 150
under division (B) of this section: 151

~~(A) Be at least fifty five years of age;~~ 152

~~(B)~~ (1) Be employed at least twenty hours per week, 153
averaged monthly; 154

~~(C)~~ (2) Be enrolled in school an accredited institution of 155
higher education or an occupational training program; 156

~~(D) Be .~~ 157

<u>(B) Division (A) of this section does not apply to an</u>	158
<u>individual to whom any of the following apply:</u>	159
<u>(1) The individual is at least sixty-five years of age.</u>	160
<u>(2) The individual is participating in an alcohol and drug</u>	161
<u>addiction treatment program.</u>	162
(E) Have .	163
<u>(3) The individual is medically certified as physically or</u>	164
<u>mentally unfit for employment because of an intensive physical</u>	165
<u>health care needs need or serious mental illness.</u>	166
<u>(4) The individual personally provides care for either or</u>	167
<u>both of the following:</u>	168
<u>(a) A child who is under one year of age;</u>	169
<u>(b) A child who has a medical condition or disability that</u>	170
<u>the medicaid director determines is serious enough to warrant an</u>	171
<u>exemption under this division.</u>	172
Section 2. That existing sections 5163.01, 5163.07,	173
5166.01, and 5166.37 of the Revised Code are hereby repealed.	174