

As Introduced

135th General Assembly

Regular Session

2023-2024

H. B. No. 246

Representatives Cutrona, Brewer

A BILL

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

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

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

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

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

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

(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

medicaid waiver programs: 79

(A) The medicaid-funded component of the PASSPORT program; 80

(B) The Ohio home care waiver program; 81

(C) The integrated care delivery system medicaid waiver 82
component. 83

Sec. 5164.91. 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

As soon as practicable, as determined by the director, the 92
director shall expand the integrated care delivery system so it 93
is available in all counties of this state and shall include in 94
the system options for system participants to self-direct 95
services, such as authority over provider and budget matters. 96

Sec. 5166.122. (A) As used in this section, "self-directed 97
services" has the same meaning as in 42 U.S.C. 1396n(i) (1) (G) 98
(iii) (II). 99

(B) Unless the Ohio home care waiver program is terminated 100
pursuant to section 5166.12 of the Revised Code, the department 101
of medicaid shall implement self-directed services in the 102
program as soon as practicable, as determined by the medicaid 103
director, but not later than one year after the effective date 104
of this section. 105

(C) Once implemented under division (B) of this section, 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

services; 135

(6) Permitting direct service workers and participants to 136
apply separately and be certified or enrolled, as applicable, 137
without requiring a match between a direct service worker and a 138
participant; 139

(7) Permitting direct service workers to provide 140
conditional self-directed services for up to sixty days while 141
undergoing any required criminal background checks and training. 142

(E) The department shall establish goals for the number of 143
Ohio home care waiver participants electing to participate in 144
self-directed services. 145

(F) For purposes of the national provider identifier 146
requirement implemented under section 1171 of the "Health 147
Insurance Portability and Accountability Act of 1996," 42 U.S.C. 148
1320d et seq., and 45 C.F.R. 162.404 et seq., the department 149
shall classify a direct service worker who is not a health care 150
provider, as that term is defined in 45 C.F.R. 160.103, as an 151
atypical provider and shall not require the direct service 152
worker to obtain a national provider identifier number. As 153
permitted by the United States centers for medicare and medicaid 154
services, a medicaid provider number or other identifier shall 155
replace the national provider identifier requirement for those 156
individuals receiving self-directed services. The department of 157
medicaid shall modify its electronic visit verification system 158
to use the financial management services' system rather than the 159
vendor used for traditional Medicaid services. 160

(G) The medicaid director shall adopt rules as necessary 161
to implement the provisions of this section. 162

Sec. 5166.162. (A) As used in this section, "self-directed 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

medicaid shall modify its electronic visit verification system 221
to use the financial management services' system rather than the 222
vendor used for traditional Medicaid services. 223

(F) The medicaid director shall adopt rules as necessary 224
to implement the provisions of this section. 225

Section 2. That existing section 5164.91 of the Revised 226
Code is hereby repealed. 227